## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 03, 2006 08:00 AM DOCUMENT # P04000030571 **Secretary of State** 1. Entity Name ANDY'S REPAIR SERVICE, INC. Malling Address Principal Place of Business 5185 MELDON CIR 5185 MELDON CIR SARASOTA, FL 34232 SARASOTA, FL 34232 No Chg-P CR2E034 (11/05) 02242006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0761279 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WEAVER, ANDY J 5185 MELDON CIR SARASOTA, FL 34232 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent programs required when revisitating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WEAVER, ANDY J NAME STREET ADDRESS 5185 MELDON CIR CTTY-ST-ZIP SARASOTA, FL 34232 TITLE MAME 11000000454574 03/15/06-80021-003 150.00 STREET ADORESS CITY-ST-DP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-AP IN THIS SPACE nne NAME STREET ADDRESS CTTY-ST-ZE NAME STREET ADDRESS DTY-ST-702

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RITLE NAME STREET ADDRESS CITY-ST- (IP

CHATTER AND THE OR PRINTED NAME OF STONENG OFFICER OR DIRECTOR

D2-28-06

6941-915-0672

**FILED**