

2006-FOR-PROFIT CORPORATION ANNUAL REPORT

8/31/2006-90001-046-\$150.00-\$150.00

DOCUMENT # P04000035931 1. Entity Name MEELER'S HOME REPAIR, INC.					
Principal Place of Business 519 E PASADENA AVE CLEWISTON, FL 33440			Mailing Address 529 E PASASENA AVE PO BOX 42 CLEWISTON, FL 33440		
2. Principal Place of Business 519 E PASADENA <small>Suite, Apt. #, etc.</small>		3. Mailing Address PO. box 42 <small>Suite, Apt. #, etc.</small>			
City & State CLEWISTON, FL		City & State CLEWISTON, FL		4. FEI Number APPLIED FOR 65-0705536	
Zip 33440		Country MENDAY		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEELER, REBECCA 529 E PASASENA AVE CLEWISTON, FL 33440				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Rebecca Meeler</i></u> 8/28/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when addressing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MEELER, HARVEY RAY JR PO BOX 42 CLEWISTON, FL 33440 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MEELER, REBECCA PO BOX 42 CLEWISTON, FL 33440 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Rebecca Meeler</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8/28/06 <small>Date Daytime Phone #</small>	

B. Mitchell OCT 6 2006