



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90086 021 \*\*\*150.00

<b>DOCUMENT # P04000053510</b> 1. Entity Name <b>INSURANCE REPAIR SPECIALIST, INC.</b>					
Principal Place of Business <b>3805 WILDERNESS WAY CORAL SPRINGS, FL 33065</b>			Mailing Address <b>3805 WILDERNESS WAY CORAL SPRINGS, FL 33065</b>		
2. Principal Place of Business <b>1577 SW 1ST WAY SUITE 12</b>		3. Mailing Address <b>1577 SW 1ST WAY SUITE #12</b>			
City & State <b>DEERFIELD BEACH, FL</b>		City & State <b>DEERFIELD BEACH, FL</b>		4. FEL Number <b>57-1202236</b>	
Zip <b>33441</b>		Country <b>33441</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PERRY, ALAN 3805 WILDERNESS WAY CORAL SPRINGS, FL 33065</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PERRY, ALAN 3805 WILDERNESS WAY CORAL SPRINGS, FL 33065</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: ALAN PERRY</b> PRESIDENT					
Date <b>4-5-05</b> Daytime Phone # <b>954-725-2895</b>					