
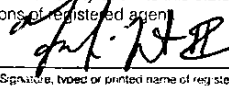
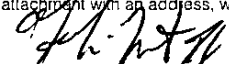


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90116 015 ***150.00

20033011

DOCUMENT # P04000055226 1. Entity Name MR. FIX-IT HOME REPAIR, INC.			
Principal Place of Business 760 AUGUST ST SE PALM BAY, FL 32909		Mailing Address 760 AUGUST ST SE PALM BAY, FL 32909	
2. Principal Place of Business 529 San Filippo Drive Suite, Apt. #, etc.		3. Mailing Address 529 San Filippo Drive Suite, Apt. #, etc.	
City & State Palm Bay FL Zip 32909 Country US		City & State Palm Bay FL Zip 32909 Country US	
4. FEI Number 20-0936628		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.		03072005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent NICOTRI, FRANK II 760 AUGUST ST SE PALM BAY, FL 32909		7. Name and Address of New Registered Agent Name: NICOTRI, Frank II Street Address (P.O. Box Number is Not Acceptable): 529 SAN FILIPPO Drive City: Palm Bay FL Zip Code: 32909	
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:  Frank Nicotri II Reg Agent 3/7/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete NAME: NICOTRI, FRANK II STREET ADDRESS: 760 AUGUST ST SE CITY-ST-ZIP: PALM BAY, FL 32909	TITLE: DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Nicotri, Frank II STREET ADDRESS: 529 San Filippo Drive CITY-ST-ZIP: Palm Bay FL 32909		
TITLE: D <input type="checkbox"/> Delete NAME: NICOTRI, DAWN STREET ADDRESS: 760 AUGUST ST SE CITY-ST-ZIP: PALM BAY, FL 32909	TITLE: DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Nicotri DAWN STREET ADDRESS: 529 San Filippo Drive CITY-ST-ZIP: Palm Bay FL 32909		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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.			
SIGNATURE:  Frank Nicotri II Pres 3/7/05 (321) 626-3738 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: Day: mo: Phone #:	