

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060312

Entity Name: SAWICKI HOME REPAIR INC

FILED
Mar 27, 2005
Secretary of State

Current Principal Place of Business:

6999 ALOMA AVE
APT 132
WINTER PARK, FL 32792 US

Current Mailing Address:

6999 ALOMA AVE
APT 132
WINTER PARK, FL 32792 US

New Principal Place of Business:

6973 ALOMA AVE
APT 132
WINTER PARK, FL 32792 US

New Mailing Address:

6973 ALOMA AVE
APT 132
WINTER PARK, FL 32792 US

FEI Number: 20-0981816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELGAREJO, FELIX C
6999 ALOMA AVE
APT 132
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

MELGAREJO, FELIX C
6973 ALOMA AVE
APT 132
WINTER PARK, FL 32792 US

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.

SIGNATURE:

03/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MELGAREJO, FELIX C
Address: 6999 ALOMA AVE APT 132
City-St-Zip: WINTER PARK, FL 32792 US

Title: VP () Delete
Name: SAWICKI, CLAUDIA A
Address: 6999 ALOMA AVE APT 132
City-St-Zip: WINTER PARK, FL 32792 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MELGAREJO, FELIX C
Address: 6973 ALOMA AVE APT 132
City-St-Zip: WINTER PARK, FL 32792 US

Title: VP (X) Change () Addition
Name: SAWICKI, CLAUDIA A
Address: 6973 ALOMA AVE APT 132
City-St-Zip: WINTER PARK, FL 32792 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELIX C. MELGAREJO

P

03/27/2005

Electronic Signature of Signing Officer or Director

Date