

ANNUAL REPORT

DOCUMENT # P04000064149

1. Entity Name
DONE RIGHT HOME REPAIRS & SERVICES, INC.Principal Place of Business
4112 NE 7TH STREET
OCALA, FL 34470Mailing Address
4112 NE 7TH STREET
OCALA, FL 34470

DO NOT WRITE IN THIS SPACE

FILED
Apr 27, 2006 08:00 AM
Secretary of State

03292006 No Chg-P CR2E034 (11/05)

4. FEI Number
43-2049085Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, NANCY
4235 SE 58TH PLACE
OCALA, FL 34480DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
MCTAGGART, DARRIN
4112 NE 7TH STREET
OCALA, FL 34470TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPU00000537916
05/09/06-80038-008 150.00DO NOT WRITE
IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Darrin M Taggart 4-25-06 352-236-2316