


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 11, 2005 8:00 am
Secretary of State

04-12-2005 90156 004 ***150.00

DOCUMENT # P04000076538 1. Entity Name DOUG'S HOME REPAIR, INC																																	
Principal Place of Business 711 CESSNA DR. PENSACOLA, FL 32506				Mailing Address 711 CESSNA DR. PENSACOLA, FL 32506																													
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																															
City & State Zip		City & State Zip		Country																													
4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">33-1091290</div> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent SAUCIER, CLYDE D 711 CESSNA DR. PENSACOLA, FL 32506				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P.</td> <td style="width: 5%;">Delete</td> </tr> <tr> <td>NAME</td> <td>SAUCIER, DOUGLAS D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>711 CESSNA DR.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PRNSACOLA, FL 32506</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 5%;">Change</td> <td style="width: 5%;">Addition</td> </tr> <tr> <td>NAME</td> <td>Saucier, Clyde D.</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P.	Delete	NAME	SAUCIER, DOUGLAS D		STREET ADDRESS	711 CESSNA DR.		CITY - ST - ZIP	PRNSACOLA, FL 32506		TITLE	P	Change	Addition	NAME	Saucier, Clyde D.			STREET ADDRESS				CITY - ST - ZIP			
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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: <u>Clyde D Saucier</u> CLYDE D. SAUCIER <u>4/8/05</u> <u>950 4558257</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>																																	