

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000089255

1. Entity Name
STRONG HOME REPAIR, INC.



2. Principal Place of Business
1810 FIRST STREET NORTH
JACKSONVILLE FL 32250

3. Mailing Address
1810 FIRST STREET NORTH
JACKSONVILLE FL 32250
US



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

4. State
City & State

1st MOORE CR2E034 (10/05)

Country
Zip

Country

4. FEI Number 65-1182732 ☐ Applied For
Not Applied

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

ARMSTRONG, SHANNON
1810 FIRST STREET
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

8. I, 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, 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 \$650.00
Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May P**
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	P ARMSTRONG, SHANNON 1810 FIRST STREET NORTH JACKSONVILLE FL 32250	<input type="checkbox"/> Change <input type="checkbox"/> Add	UN00000396873 01/30/06-80027-002 150.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information created 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **11/18/06 904-241-7949**