


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State


02-03-2005 90039 043 ***150.00

DOCUMENT # P04000089557	
1. Entity Name ACOSTA'S HOUSE REPAIR, INC.	

Principal Place of Business 8380 FT THOMAS WAY ORLANDO, FL 32822	Mailing Address 8380 FT THOMAS WAY ORLANDO, FL 32822
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

	
08012005	Chg-P CR2E034 (10/03)
4. FEI Number 20-1248445	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ACOSTA, LUIS F 8380 FT THOMAS WAY ORLANDO, FL 32822	

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 **Luis F Acosta** DATE **08.01.05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACOSTA, LUIS F 8380 FT THOMAS WAY ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Luis F Acosta** DATE **08.01.05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT
704000089557
66 625483

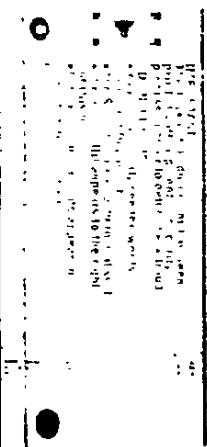


Security Enhanced Document. See back for details.

ACOSTA'S HOUSE REPAIR, INC. 09-04 40011951 1079
407-382-4386
8380 FORT THOMAS WAY
ORLANDO, FL 32822

PAY TO THE ORDER OF DIVISION OF CORPORATIONS. \$ 150.00
One hundred fifty dollars and no/100 cents DOLLARS

Bank of America
ACN INT 063100277
FOR 704 207 80-1248445 Jos F Acosta



BANK OF AMERICA, N.A. JAX
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FEB 03 2005

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
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