

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


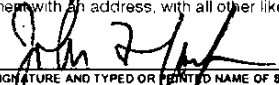
**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90114 030 \*\*\*150.00

60003045



01102007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P04000100013</b>					
1. Entity Name JOHN MOORE'S REPAIR SERVICE, INC.					
Principal Place of Business PO BOX 61055 JACKSONVILLE, FL 32236			Mailing Address PO BOX 61055 JACKSONVILLE, FL 32236		
2. Principal Place of Business - No PO Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 90-0184308	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOORE, JOHN F JR. 2144 OXBOW ROAD JACKSONVILLE, FL 32210			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City, State, Zip		
			City, State, Zip		
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 _____ (NOTE: Registered Agent signature required when re-registering)					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
<div> <div>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</div> <div>10. OFFICERS AND DIRECTORS</div> </div>					
<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div>			<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div>		
<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div>			<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div>		
<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div>			<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div>		
<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div>			<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div>		
<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div>			<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div>		
<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div>			<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div>		
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.					
<div> <div>SIGNATURE: </div> <div>JOHN F. MOORE JR.</div> <div>1/18/07</div> <div>(904) 813-3528</div> </div>					