

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000105887

FILED
May 18, 2007
Secretary of State

Entity Name: BUCKSHOT HOME REPAIR INC.

Current Principal Place of Business:

6070 WOLFE ST
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

6070 WOLFE ST
JUPITER, FL 33458 US

New Mailing Address:

FEI Number: 20-2399449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKSHOT, JAMES E
6070 WOLFE ST
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUCKSHOT, JAMES E
Address: 6070 WOLFE ST
City-St-Zip: JUPITER, FL 33458 US

Title: V () Delete
Name: HOWELL, CHRISTOPHER S VP
Address: 16897 ORANGE BLVD
City-St-Zip: LOXXAHATCHEE, FL 33458 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: HOWELL, BRIAN S
Address: 13210 79TH CT. N.
City-St-Zip: WEST PALM BEACH, FL 33412

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. BUCKSHOT

P

05/18/2007

Electronic Signature of Signing Officer or Director

Date