

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90393 018 \*\*\*158.75

60023659



03012006 Chg-P CR2E034 (11/05)

4. FEI Number **54-2157136** Applied For ☐ Not Applicable ☐

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

DOCUMENT # P04000110710

1. Entity Name  
ASSETS REPAIR & COMMISSIONING, INC.



Principal Place of Business **OWNER'S HOME** Mailing Address  
1300 PINE PRARIE RD 1300 PINE PRARIE RD  
SARASOTA, FL 34240 SARASOTA, FL 34240

2. Principal Place of Business **1950 Northgate Blvd.** 3. Mailing Address **P.O. BOX 50157**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

**D-1** City & State **Sarasota FL** City & State **SARASOTA, FL**  
Zip **34234** Country **USA** Zip **34232** Country **USA**

6. Name and Address of Current Registered Agent

RUFFIER, WILLIAM E  
719 VASSAR ST  
ORLANDO, FL 32804

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME HANCOCK, MARY INEZ  
STREET ADDRESS 1300 PINE PRARIE RD  
CITY - ST - ZIP SARASOTA, FL 34240

TITLE VTS ☐ Delete  
NAME HANCOCK, CHARLES EARLE  
STREET ADDRESS 1300 PINE PRARIE RD  
CITY - ST - ZIP SARASOTA, FL 34240

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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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.

SIGNATURE: Mary I. Hancock MARY I. HANCOCK 3-31-06 941-358-1870  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #