


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90285 037 ***150.00

DOCUMENT # P04000121372 1. Entity Name CAYTON'S TOTAL HOME REPAIR, INC.					
Principal Place of Business 2300 TWELVE OAKS DR., APT. C-2 ORANGE PARK, FL 32065			Mailing Address 2300 TWELVE OAKS DR., APT. C-2 ORANGE PARK, FL 32065		
2. Principal Place of Business 3296 Citation Dr.			3. Mailing Address 3296 Citation Dr.		
Suite, Apt. #, etc. Green Cove Springs, Fl.			Suite, Apt. #, etc. Green Cove Springs, Fl.		
City & State Green Cove Springs, Fl.			City & State Green Cove Springs, Fl.		
Zip 32043		Country U.S.A.		4. FEI Number 14-1915288	
Zip 32043		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAYTON, MICHAEL A II 2300 TWELVE OAKS DR., APT. C-2 ORANGE PARK, FL 32065				7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 3296 Citation Dr. City Green Cove Springs, FL Zip Code 32043	
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: <u><i>Michael A Cayton</i></u> 3-3-05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAYTON, MICHAEL A II 2300 TWELVE OAKS DR., APT. C-2 ORANGE PARK, FL 32065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3296 Citation Dr. Green Cove Springs, Fl. 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDS SHARP, AMANDA 2300 TWELVE OAKS DR., APT. C-2 ORANGE PARK, FL 32065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3296 Citation Dr. Green Cove Springs, Fl. 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Michael A Cayton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/3/05 904-406-2152 <small>Date Daytime Phone #</small>		

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