

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90024 048 ***158.75

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DOCUMENT # P04000156102 1. Entity Name ENFINGER'S HOME REPAIRS PLUS, INC.					
Principal Place of Business 36 NOTTINGHAM WAY PENSACOLA, FL 32506			Mailing Address 36 NOTTINGHAM WAY PENSACOLA, FL 32506		
2. Principal Place of Business 4865 LA VENTANA TER. Suite, Apt. #, etc.		3. Mailing Address 4865 LA VENTANA TER. Suite, Apt. #, etc.			
City & State PENSACOLA, FL.		City & State PENSACOLA, FL.		4. FEI Number 20-1855954	
Zip 32526	Country Escambia	Zip 32526	Country Escambia	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENFINGER, BENNIE R 36 NOTTINGHAM WAY PENSACOLA, FL 32506				7. Name and Address of New Registered Agent Name BENNIE R. ENFINGER Street Address (P.O. Box Number is Not Acceptable) 4865 LA VENTANA TER City PENSACOLA FL Zip Code 32526	
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 _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENFINGER, BENNIE R 36 NOTTINGHAM WAY PENSACOLA, FL 32506 <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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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>Bennie R. Enfinger</u> BENNIE R. ENFINGER					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 7-16-05 Daytime Phone # 850-457-8904	