2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2006 8:00 am Secretary of State

1. Entity Name FLORIDA REPAIR SERVICE, INC.									03-09-2006	5 901 63 C)43 ***15	0.00
Principal Place of Business			М	Mailing Address				_				
18677 ORIOLE RD FT MYERS, FL 33912				18677 ORIOLE RD FT Myers, Fl. 33912								
2. Principal Place of Business			3.	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02062006	Chg-P	CR2E0	34 (11/05)		
City & State			City & State				4. FEI Number	20517	79	ļ <u>i</u>	ptied For at Applicable	
Zip	Zip Country			Zíp	Country			5. Certificate of	Status Desired		\$8.75 Add Fee Required	
	6. Name	and Address of	Current Regis	stered Agent		None		7. Name and A	ddress of New F	Registered /	Agent	
MORAIS,						Name				··········		
18677 ORIOLE RD FT MYERS, FL 33912						Street Add	Street Address (P.O. Box Number is Not Acceptable)					
						City				FL	Zip Code	е
8. The above	named entitions of regis	ty submits this sta	tement for the p	purpose of changing it	register	l red office or re	register	ec agent, or both	, in the State of Fl		familiar with,	and accept
ino vonga:	.ons or regio	meree agent.										
SIGNATURE.												
SIGNATURE.	Signature, typed	d or printed name of regis	stered agent and title	if applicable, (NO	E: Registere	ed Agent signature	e required	when reinstating)		DATE		
FIL	E NOW!!!	FEE IS \$150 6 Fee will be).00	9. Election Campa Trust Func Con	ign Fina	ncing	\$ 5.	00 May Be		DATE		
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150).00	9. Election Campa Trust Fund Con	aign Finar tribution.	ncing	\$ 5.	.00 May Be ed to Fees	HANGES TO OFF			***
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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.

President X2/28/06 SIGNATURE: 1