## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90866 011 \*\*\*150.00

DOCUMENT # P04000167925  1. Entity Name FLORIDA REPAIR SERVICE, INC.						90866 011 ***15	50.00	
Principal Place of Business Mailing Address			V = A A		60046166			
18677 ORIOLE RD 18677 ORIOLE F FT MYERS, FL 33912 FT MYERS, FL 3								
11 WILLYO, 11	L 33312	TT WIERO, TE 3031E		£  ¶¶1 ¶¶1	BIII PIBII BRIII BAM VEIS	1 26060 BIIII IBRIR IBRIB MBBL BIII	221 II LU EI	
Principal Place of Business - No P.O. Box # 3. Mailing Addiess								
3718 PALM DE 3718 PAL			DR		BAN BIBN BULL BUN BUN BUN	I TINTO NEUTRI INNEU INTENDENTALIA	1881 16 1881	
Suite, Apt. #. etc.		Suite, Apt. #, etc.		04262007	Chg-P	CR2E034 (12/06)		
City & State	°-0 0000 El	PUNTA GORD	Λ .C.I	4. FEI Number		·	plied For	
PUN.	COUNTRY COUNTRY			20-2051		\$9.7E	Applicable	
<u> 3</u> 295	14. 44	33950	Country HARLOTT		f Status Desired	Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name T								
MORAIS, JASON								
18677 ORIOLE RD FT MYERS, FL 33912				118 Palm	ss (PA Bax Number is Not Acceptable)			
1 1 1011 2110	5,72 00012							
•				CIPUNTO GARDO FL 429950				
	named entity submits this statement for	the purpose of changing its reg	istered office or	registered agent, or both	, in the State of Flo	rida. I am familiar with,	and accept	
the obligations of registered agent.								
SIGNATURE— Systates, type Lor printed tisme of registered applicable. (IKDTE: Registered Agent septative respects Microteristativa). DATE.								
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign I Trust Fund Contribu		\$5.00 May Be Added to Fees				
10.	OFFICERS AND C		11.	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTORS		
TITLE . g	PST MORAIS, JASON	☐ Delete	TIFLE NAME	Jason 1	Porais	Change	Addition	
STREET ADDRESS	18677 ORIOLE RD			3718 Pal	ason Morais 718 Palm Dr Unta Gorda Pl 33950			
CITY-ST-ZIP	FT MYERS, FL 33912		CITY-ST-ZIP	Puntab	ordaP	.33950		
TITLE NAME		☐ Delete	TITLE ; NAME			Change	Addition	
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DILE .		□ Delete	TITLE			☐ Change	Addition	
NAME CIRCLE ADORESC	<b>4.</b>		NAME					
STREET ADDRESS CITY+ST+ZIP	3		STREET ADDRESS CITY-ST-ZIP					
12. I hereby	certify that the information supplied with	this filing does not qualify for the	e exemptions of	contained in Chapter 119	, Florida Statutes. I	further certify that the in	nformation	
indicated	on this report or supplemental report is reportation or the receiver or trustee empty	true and accurate and that my s	signature shall h	nave the same legal effect anter 607. Florida Statute	Las it≀nade under d s∵and that my nam	oath; thal I am an officer e appears in Block 10 o	or director	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 📐