
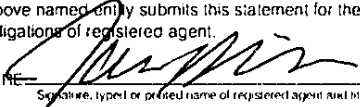
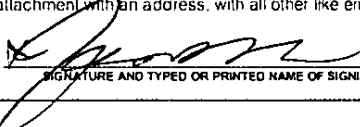


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90866 011 \*\*\*150.00

<b>DOCUMENT # P04000167925</b> 1. Entity Name FLORIDA REPAIR SERVICE, INC.					
Principal Place of Business 18677 ORIOLE RD FT MYERS, FL 33912			Mailing Address 18677 ORIOLE RD FT MYERS, FL 33912		
2. Principal Place of Business - No P.O. Box # <b>3718 PALM DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>3718 PALM DR</b> Suite, Apt. #, etc.			
City & State <b>PUNTA GORDA FL</b>		City & State <b>PUNTA GORDA FL</b>		4. FEI Number 20-2051779	
Zip <b>33950</b>		Country <b>CHARLOTTE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  MORAIS, JASON 18677 ORIOLE RD FT MYERS, FL 33912				7. Name and Address of New Registered Agent Name <b>Jason Morais</b> Street Address (P.O. Box Number is Not Acceptable) <b>3718 Palm Dr</b> City <b>Punta Gorda</b> <b>FL</b> <b>33950</b>	
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:  DATE: <b>4-27-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MORAIS, JASON 18677 ORIOLE RD FT MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Jason morais 3718 Palm Dr Punta Gorda FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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	
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	
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	
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: 			Date <b>4-27-07</b> Daytime Phone # <b>239-433-7169</b>		

60046166



04262007 Chg-P CR2E034 (12/06)