


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90027 028 ***150.00

DOCUMENT # P05000013249 1. Entity Name JOSEPH RILEY REPAIR SERVICE INC.			
Principal Place of Business 4435 MARLANE DR PENSACOLA, FL 32526		Mailing Address 4435 MARLANE DR PENSACOLA, FL 32526	
2. Principal Place of Business 1665 Dogwood Place Apts. #1951		3. Mailing Address 1665 Dogwood Place Apts. #1951	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32505		Zip 32505	
Country Escambia		Country Escambia	
4. FEI Number 20-5372722		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RILEY, JOSEPH 4435 MARLANE DR PENSACOLA, FL 32526		7. Name and Address of New Registered Agent Name Joseph Riley Street Address (P.O. Box Number is Not Acceptable) 1665 Dogwood Place Apts. #1951 City Pensacola FL Zip Code 32505	
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 _____ <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 Due by September 6, 2006		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	P. <input type="checkbox"/> Delete RILEY, JOSEPH 4435 MARLANE DR PENSACOLA, FL 32526	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 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: 		8-17-06 850-390-5678 <small>Date Daytime Phone #</small>	

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