

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000019102

FILED  
Jan 20, 2006  
Secretary of State

Entity Name: FLORIDA STATE MEDICAL REPAIR, INC

## Current Principal Place of Business:

1509 GERTRUDE DRIVE  
BRANDON, FL 33571

## New Principal Place of Business:

1509 GERTRUDE DRIVE  
BRANDON, FL 33511

## Current Mailing Address:

1509 GERTRUDE DRIVE  
BRANDON, FL 33571

## New Mailing Address:

P.O. BOX 604  
BRANDON, FL 33509

FEI Number: 30-0298956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPICKNALL, FREDRICK  
1509 GERTRUDE DRIVE  
BRANDON, FL 33571 US

## Name and Address of New Registered Agent:

MYERS, THOMAS Q  
1509 GERTRUDE DRIVE  
BRANDON, FL 33511 US

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.

SIGNATURE: THOMAS Q. MYERS

01/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SPICKNALL, FREDRICK  
Address: 1509 GERTRUDE DRIVE  
City-St-Zip: BRANDON, FL 33571

Title: VP ( ) Delete  
Name: MYERS, THOMAS A  
Address: 1509 GERTRUDE DRIVE  
City-St-Zip: BRANDON, FL 33571

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SPICKNALL, FREDRICK  
Address: 1509 GERTRUDE DRIVE  
City-St-Zip: BRANDON, FL 33511

Title: VP (X) Change ( ) Addition  
Name: MYERS, THOMAS A  
Address: 1509 GERTRUDE DRIVE  
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS Q. MYERS

VP

01/20/2006

Electronic Signature of Signing Officer or Director

Date