

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/11/2006-90004-019-\$150.00-\$150.00

DOCUMENT # P05000059650

1. Entity Name

TLC HOME REPAIR OF SARASOTA, INC.



FILED

06 SEP 25 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E034 (4/06)

Principal Place of Business 3410 24TH PARKWAY SARASOTA FL 34235	Mailing Address 3410 24TH PARKWAY SARASOTA FL 34235
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2. Principal Place of Business 3410 24TH PKWY Suite, Apt. #, etc.	3. Mailing Address 3410 24TH PKWY Suite, Apt. #, etc.
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City & State Sarasota, FL Zip 34235 Country	City & State Sarasota, FL Zip 34235 Country USA
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4. FEI Number 202737683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TREVINO, JUAN E 3410 24TH PARKWAY SARASOTA FL 34235
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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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: Juan Trevino - Pres. 9/1/06 941-284-8107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

K. ECKHART SEP 20 2006