2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P05000096182

1. Entity Name

PETÉ RECHIS HOME REPAIRS INC.



FILED Mar 23, 2007 08:00 AM Secretary of State

Principal Place of Business

2707 RISMEN CT KISSIMMEE, FL 34743 Mailing Address

2707 RISMEN CT KISSIMMEE, FL 34743



01122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3109501

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RECHIS, PETER J 2707 RISMEN CT KISSIMMEE, FL 34743

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	above named entity submits this statement for the p bligations of registered agent.	ourpose of changing its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNAT	URE Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS		
TITLE	Р		
NAME	RECHIS PETER I		

STREET ADDRESS 2707 RISMEN CT KISSIMMEE, FL 34743 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP HTI F STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 at

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIT

Rechu

3/8/07 407-414-8931