


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90437 046 ***150.00

DOCUMENT # P05000101249	
1. Entity Name ALLEN'S HOME REPAIR & MAINTENANCE SERVICES, INC	

Principal Place of Business 10287 S.W 113TH AVE GRAHAM, FL 32042	Mailing Address 10287 S.W 113TH AVE GRAHAM, FL 32042 US
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2. Principal Place of Business - No P.O. Box # 13494 S-E CR 100A	3. Mailing Address P.O Box 1302
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Starke FL	City & State Starke FL
Zip 32091	Country Bradford
Zip 32091	Country Bradford

40000410



04192007 Chg-P CR2E034 (12/06)

4. FEI Number 32-0154996		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 CORNWALL, ROBERT A 10287 S.W 113TH AVE GRAHAM, FL 32042		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORNWALL, ROBERT A 10287 S.W 113TH AVE GRAHAM, FL 32042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Common: Robert A <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: Robert Cornwall Robert Cornwall 4-24-07 (352) 219 9657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #