## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000116522

Entity Name: KARTMAN PROFESSIONAL HOME REPAIR, INC

FILED Feb 07, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

6100 ARLINGTON EXPRESSWAY 2502 LAMEE AVE

APT O 201 JACKSONVILLE, FL 32207 US

JACKSONVILLE, FL 32211 US

Current Mailing Address: New Mailing Address:

6100 ARLINGTON EXPRESSWAY 2502 LAMEE AVE

APT O 201 JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32211 US

FEI Number: 20-3341221 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAYO, ARTHUR E III
6100 ARLINGTON EXPRESSWAY
APT 0 201

MAYO, ARTHUR E III
2502 LAMEE AVE
JACKSONVILLE, FL 32207 US

JACKSONVILLE, FL 32211 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: ARTHUR MAYO, 111 02/07/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PS (X) Change () Addition

Name: SHIPMAN, KEITH M
Address: 6100 ARLINGTON EXPRESSWAY APT. O-202
Address: 2502 LAMEE AVE

City-St-Zip: JACKSONVILLE, FL 32211 US City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VPT () Delete Title: VPT (X) Change () Addition

 Name:
 MAYO, ARTHUR E III
 Name:
 MAYO, ARTHUR E III

 Address:
 6100 ARLINGTON EXPRESWAY APT 0-201
 Address:
 2502 LAMEE AVE

City-St-Zip: JACKSONVILLE, FL 32211 US City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HUEY, JAMES S
 Name:

 Address:
 3289 UNIVERSITY BLVD. N APT 218
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32277 US
 City-St-Zip:

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: KEITH M. SHIPMAN SR. PS 02/07/2007