

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120671

Entity Name: REPAIRS DONE RIGHT, INC.

FILED  
Apr 30, 2006  
Secretary of State

## Current Principal Place of Business:

1665 E ALFRED STREET  
11  
TAVARES, FL 32778

## New Principal Place of Business:

406 N. DISSTON AVE.  
TAVARES, FL 32778

## Current Mailing Address:

1665 E ALFRED STREET  
11  
TAVARES, FL 32778

## New Mailing Address:

406 N. DISSTON AVE.  
TAVARES, FL 32778

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HANNA, ROBERT B  
1665 E ALFRED STREET  
11  
TAVARES, FL 32778 US

## Name and Address of New Registered Agent:

HANNA, ROBERT B  
406 N. DISSTON AVE.  
TAVARES, FL 32778 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:

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: HANNA, ROBERT B  
Address: 1665 E ALFRED STREET, SUITE 11  
City-St-Zip: TAVARES, FL 32778

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HANNA, ROBERT B  
Address: 406 N. DISSTON AVE.  
City-St-Zip: TAVARES, FL 32778

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: ROBERT B HANNA

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date