

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134544

FILED
Aug 05, 2006
Secretary of State

Entity Name: HOME PHYSICIANS MAINTENANCE REPAIR, INC.

Current Principal Place of Business:

603 SW 75 ST. STE. 104
GAINESVILLE, FL

New Principal Place of Business:

2209 NW 170TH ST
NEWBERRY, FL 32669

Current Mailing Address:

603 SW 75 ST. STE. 104
GAINESVILLE, FL

New Mailing Address:

2209 NW 170TH ST
NEWBERRY, FL 32669

FEI Number: 05-0627610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

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:

Title: DP () Delete
Name: LONG, TROYDALE
Address: 603 SW 75 ST. STE. 104
City-St-Zip: GAINESVILLE, FL

Title: DV () Delete
Name: DUFORD, RYAN MICHAEL
Address: 603 SW 75 ST. STE. 104
City-St-Zip: GAINESVILLE, FL

Title: S () Delete
Name: BOYD, SARAH
Address: 603 SW 75 ST. STE. 104
City-St-Zip: GAINESVILLE, FL

Title: DT () Delete
Name: FIELDS, NICHOLAS S.
Address: 603 SW 75 ST. STE. 104
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LONG, TROYDALE
Address: 2209 NW 170TH ST
City-St-Zip: NEWBERRY, FL 32669

Title: DV (X) Change () Addition
Name: DUFORD, RYAN MICHAEL
Address: 2209 NW 170TH ST
City-St-Zip: NEWBERRY, FL 32669

Title: S (X) Change () Addition
Name: BOYD, SARAH
Address: 2209 NW 170TH ST
City-St-Zip: NEWBERRY, FL 32669

Title: DT (X) Change () Addition
Name: FIELDS, NICHOLAS S.
Address: 2209 NW 170TH ST
City-St-Zip: NEWBERRY, FL 32669

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: TROYDALE LONG

DP

08/05/2006

Electronic Signature of Signing Officer or Director

Date