

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 28, 2006 8:00 am
Secretary of State

05-01-2006 90326 011 ***150.00

DOCUMENT # P05000153815 1. Entity Name DWAYNE'S PERSONALIZED REPAIRS INC.					
Principal Place of Business 22626 CORONADO SOMERSET DR SORRENTO, FL 32776			Mailing Address 22626 CORONADO SOMERSET DR SORRENTO, FL 32776		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEGRON, DWAYNE 22626 CORONADO SOMERSET DR SORRENTO, FL 32776				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 renewing)					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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	D NEGRON, DWAYNE 22626 CORONADO SOMERSET DR SORRENTO, FL 32776 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 filer empowered.					
SIGNATURE: <u><i>Dwayne Negron</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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04282008 Chg-P CR2E034 (11/05)

4. FEI Number **20-382-0088** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

FL