


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90002 036 ***150.00

DOCUMENT # P05000166228					
1. Entity Name LED E'M FIX IT INC.					
Principal Place of Business 2921 WALLACE BRANCH RD PLANT CITY, FL 33565			Mailing Address 2921 WALLACE BRANCH RD PLANT CITY, FL 33565		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 2921 Wallace Branch Rd		Suite, Apt. #, etc. 2921 Wallace Branch Rd		07172006 Chg-P CR2E034 (11/05)	
City & State Plant City FL		City & State Plant City FL		4. FEI Number 270133623	
Zip 33565		Zip 33565		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCGOWAN, BLAKE E 2921 WALLACE BRANCH RD PLANT CITY, FL 33565			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT	NAME MCGOWAN, BLAKE E <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2921 WALLACE BRANCH RD	CITY-ST-ZIP PLANT CITY, FL 33565		NAME	STREET ADDRESS	
CITY-ST-ZIP	NAME VS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MCGOWAN, MARLANA C	STREET ADDRESS 2921 WALLACE BRANCH RD		NAME	STREET ADDRESS	
CITY-ST-ZIP PLANT CITY, FL 33565	CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Blake E McGowan</i>			Date: <i>Aug 10 2006</i> Daytime Phone #: <i>813 9274732</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT
40101515
Division of Corporations

Annual Report

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Document Number	P05000166228
Business Entity Name	LED.E'M-FIX IT INC.
Prior notice was	Not Received
FEI Number	270133623
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address	2921 WALLACE BRANCH RD
Suite, Apt. #, etc.	
City, State	PLANT CITY, FL
Zip Code & Country	33565

Mailing Address

Address	2921 WALLACE BRANCH RD
Suite, Apt. #, etc.	
City, State	PLANT CITY, FL
Zip Code & Country	33565

Name and Address of Registered Agent

Name (Last, First, Middle, Title)	MCGOWAN, BLAKE , E
Address	2921 WALLACE BRANCH RD
Suite, Apt. #, etc.	
City, State	PLANT CITY, FL
Zip Code & Country	33565 US
Registered Agent Signature	

Officer/Director Name and Address

Title	PT
Name (Last, First, Middle, Title)	MCGOWAN, BLAKE , E
Street Address	2921 WALLACE BRANCH RD
City, State	PLANT CITY, FL