


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90020 016 ***163.75

DOCUMENT # P06000007782					
1. Entity Name TECHNICAL REPAIR, INC.					
Principal Place of Business 11248 DINSMORE DAIRY RD. JACKSONVILLE, FL 32218 US			Mailing Address P.O. BOX 54648 JACKSONVILLE, FL 32246 US		
2. Principal Place of Business - No P.O. Box # 2118 POINCIANA RD.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NEPTUNE BEACH, FL		City & State		4. FEI Number 20-4142657	
Zip 32266		Country DUVAL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARSH, CHARLENE B 11248 DINSMORE DAIRY RD. JACKSONVILLE, FL 32218			7. Name and Address of New Registered Agent 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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PVST NAME MARSH, CHARLENE B STREET ADDRESS 11248 DINSMORE DAIRY RD. CITY-ST-ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete		TITLE PST NAME MARSH, CHARLENE B STREET ADDRESS 11248 DINSMORE DAIRY RD. CITY-ST-ZIP JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MARSH, CHARLENE B STREET ADDRESS 11248 DINSMORE DAIRY RD. CITY-ST-ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete		TITLE V NAME MARSH, THOMAS A STREET ADDRESS 11248 DINSMORE DAIRY RD. CITY-ST-ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <u>Charlene B Marsh</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-26-07 (904)234-5242 <small>Date Daytime Phone #</small>		