

2007 FOR PROFIT CORPORATION ANNUAL REPORT

03-20-2008 90032 018 ***550.00
P06000012200

DOCUMENT # P06000012200		
1. Entity Name EFFICIENT IN HOME REPAIRS, INC.		

FILED

08 APR 23 AM 9:40

OFFICE OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8141 NW 47TH STREET LAUDERHILL, FL 33351	Mailing Address 8141 NW 47TH STREET LAUDERHILL, FL 33351
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



REINSTATEMENT

07-08

0710266 Eng P CR2E034 (12/06)

6. Name and Address of Current Registered Agent CAMPBELL, JEPHTAH 8141 NW 47TH STREET LAUDERHILL, FL 33351	
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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 certifies 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 <i>[Signature]</i>	DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT CAMPBELL, JEPHTAH 8141 NW 47TH STREET LAUDERHILL, FL 33351 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS CAMPBELL, SAMANTHA 8141 NW 47TH STREET LAUDERHILL, FL 33351 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS TETLA, MENDEZ CAMPBELL 8141 NW 47TH STREET LAUDERHILL, FL 33351 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition <i>02/23</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300123431493 05/14/08--01007--014 ***308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500129431505 05/14/08--01007--015 ***50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 empowerment.	
SIGNATURE: <i>[Signature]</i>	9-9-07 954-8220046