

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-09-2007 90006 001 ***150.00

DOCUMENT # P06000033220 1. Entity Name COMMUNITY HOME REPAIR SERVICES, INC.																															
Principal Place of Business 6984 HAMMOCK TRACE DRIVE MELBOURNE FL 32940		Mailing Address 216 NIEMAN AVENUE MELBOURNE FL 32940																													
2. Principal Place of Business - No P.O. Box # 216 NIEMAN AVE		3. Mailing Address 216 NIEMAN AVE.																													
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																													
City & State MELBOURNE, FL		City & State MELBOURNE, FL																													
Zip 32901		Zip 32901																													
Country BREYARD		Country BREYARD																													
4. FEI Number 77-0657687		☒ Applied For ☐ Not Applicable																													
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent KANAGIE, RICHARD R 6984 HAMMOCK TRACE DRIVE MELBOURNE FL 32940		7. Name and Address of Now Registered Agent Name KANAGIE, RICHARD R. Street Address (P.O. Box Number is Not Acceptable) 216 NIEMAN AVE. MELBOURNE City FL Zip Code 32901																													
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 restoring) DATE																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> D KANAGIE, RICHARD R 6984 HAMMOCK TRACE DRIVE MELBOURNE FL 32940 </td> </tr> <tr> <td></td> <td style="text-align: right;">☒ Delete</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KANAGIE, RICHARD R 6984 HAMMOCK TRACE DRIVE MELBOURNE FL 32940		☒ Delete		☐ Delete		☐ Delete		☐ Delete		☐ Delete		☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> KANAGIE, RICHARD R 216 NIEMAN AVE. MELBOURNE, FL 32901 </td> </tr> <tr> <td></td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	KANAGIE, RICHARD R 216 NIEMAN AVE. MELBOURNE, FL 32901		☒ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ 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 Section 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>Richard R. Kanagie</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>3/28/07</u> Daytime Phone #																													