## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: \_

## Feb 05, 2007 8:00 am Secretary of State DOCUMENT # P06000096220 02-05-2007 90102 025 \*\*\*150.00 MIKE'S ON SITE REPAIR, INC. Principal Place of Business Mailing Address DUNTTION 1336 24TH STREET SW 1336 24TH STREET SW VERO BEACH, FL 32962 US VERO BEACH, FL 32962 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 20-5256294 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAWLOWSKI, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1336 24TH STREET SW VERO BEACH, FL 32962 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 apent and title if applicable (NOTE: Registered Agen) Signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MLE Change Addition MILE ☐ Delete NAME PAWLOWSKI, MICHAEL NAME STREET ADDRESS STREET ADDRESS 1336 24TH STREET SW VERO BEACH, FL 32962 CITY-ST-ZIP CITY-SI-ZIP THE ☐ Delete HILL Change ■ Addition PAWLOWSKI, KATHRYN NAME NAME STREET ADDRESS 1336 24TH STREET SW STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32962 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition PAWLOWSKI, KATHRYN NAME NAME STREET ADDRESS 1336 24TH STREET SW STREET ADDRESS CITY-S1-ZIP VERO BEACH, FL 32962 CHY-ST-ZIP ☐ Change Addition DILE ☐ Delete 11111 NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY - ST- ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP 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 a 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 at other like empowered.

**FILED** 

Daytime Phone #