

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90104 049 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000057623			
1. Entity Name DOUG'S HOME REPAIR SERVICES, INC.			
Principal Place of Business 3050 RIVERSIDE DRIVE UNIT A-10 CORAL SPRINGS, FL 33065		Mailing Address 3050 RIVERSIDE DRIVE UNIT A-10 CORAL SPRINGS, FL 33065	
2. Principal Place of Business - No P.O. Box # 3050 Riverside Dr. Suite, Apt. #, etc. APT A-10		3. Mailing Address Suite, Apt. #, etc.	
City & State Coral Springs		City & State	
Zip FL		Country Broward	
4. FEI Number 26-0207763		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LANDRY, DOUGLAS H 3050 RIVERSIDE DRIVE UNIT A-10 CORAL SPRINGS, FL 33065		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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDRY, DOUGLAS H 3050 RIVERSIDE DRIVE UNIT A-10 CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDRY, ANNE M 3050 RIVERSIDE DRIVE UNIT A-10 CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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>Douglas Landry</u>		4-11-08 954-341-3584	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	