

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000067078

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: AARON & CARL HOME REPAIR, INC.

**Current Principal Place of Business:**

409 AVENUE N, NE  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

409 AVENUE N, NE  
WINTER HAVEN, FL 33881

**New Mailing Address:**

FEI Number: 75-3243434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COURTNEY, AARON SR.  
409 AVENUE N, NE  
WINTER HAVEN, FL 33881 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COURTNEY, AARON SR.  
Address: 409 AVENUE N, NE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP ( ) Delete  
Name: ELDER, CARL SR.  
Address: 132 MADERA DRIVE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: S ( ) Delete  
Name: COURTNEY, JACQUELINE  
Address: 409 AVENUE N, NE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: T ( ) Delete  
Name: ELDER, LINDA A  
Address: 132 MADERA DRIVE  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON COURTNEY SR.

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date