

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90402 042 ***150.00

DOCUMENT # P07000085625

1. Entity Name
MT MOBILE REPAIRS, INC.



Principal Place of Business

~~4200 MAPLE ST NE~~
~~ST PETERSBURG, FL 33703~~

Mailing Address

~~4200 MAPLE ST NE~~
~~ST PETERSBURG, FL 33703~~

for Both 6424 112th Street Seminole FL 33772

2. Principal Place of Business - No P.O. Box #

6424 112th Street

3. Mailing Address

6424 112th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222008

Chg-P

CR2E034 (12/06)

City & State

Seminole FL

City & State

Seminole FL

4. FEI Number

26-0625651

Applied For

Not Applicable

Zip

33772

Country

Pinellas

Zip

33772

Country

Pinellas

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, DAVID C
2207 54TH ST S
GULFPORT, FL 33707

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

Signature, typed or printed name of registered agent and title if applicable.

(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
DPST
TERRY, MARK
4200 MAPLE ST NE
ST PETERSBURG, FL 33703

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6424 112th St.
Seminole FL 33772

☐ Delete

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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: Mark Terry MT Repairs Inc 4-24-08 727243-0676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #