


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90220 042 ***150.00

DOCUMENT # P07000122702 1. Entity Name LAVIGNE'S HOME REPAIR, INC.					
Principal Place of Business 5508 82ND AVE. E. PALMETTO, FL 34221			Mailing Address 5508 82ND AVE. E. PALMETTO, FL 34221		
2. Principal Place of Business - No P.O. Box # 10534 Old Grove Circle		3. Mailing Address 10534 Old Grove Circle			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Bradenton, FL		City & State Bradenton, FL		4. FEI Number 96-1409752	
Zip 34212		Country Manatee		Applied For <input type="checkbox"/> Not Applicable	
Zip 34212		Country Manatee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAVIGNE, JEREMIAH D 5508 82ND AVE. E. PALMETTO, FL 34221				7. Name and Address of New Registered Agent Name Lavigne, Jeremiah D Street Address (P.O. Box Number is Not Acceptable) 10534 Old Grove Circle City Bradenton FL Zip Code 34212	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LAVIGNE, JEREMIAH D STREET ADDRESS 5508 82ND AVE. E. CITY-ST-ZIP PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE P NAME Lavigne, Jeremiah D STREET ADDRESS 10534 Old Grove Circle CITY-ST-ZIP Bradenton, FL 34212	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/29/08 (941) 779-7486 Date Phone #		