

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000048011

**FILED**  
**Sep 09, 2010**  
**Secretary of State**

**Entity Name:** GARY'S MOBILE REPAIR SERVICE, INC

**Current Principal Place of Business:**

7077 SW FUGATE STREET  
FORT OGDEN, FL 34267

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 256  
FORT OGDEN, FL 34267

**New Mailing Address:**

**FEI Number:** 26-2609941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMES, GARY D  
7077 SW FUGATE STREET  
FORT OGDEN, FL 34267 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SIMES, GARY D  
Address: 7077 SW FUGATE STREET  
City-St-Zip: FORT OGDEN, FL 34267

Title: S/T  
Name: SIMES, AMANDA L  
Address: 7077 SW FUGATE STREET  
City-St-Zip: FORT OGDEN, FL 34267

I hereby 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 all other like empowered.

SIGNATURE: GARY SIMES

P

09/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date