

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000078331

Entity Name: HDREPAIR.COM CORP.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

660 U.S. HIGHWAY ONE, 3RD FLOOR  
NORTH PALM BEACH, FL 33408

## New Principal Place of Business:

4199 NORTH DIXIE HIGHWAY  
UNIT 5  
BOCA RATON, FL 33431

## Current Mailing Address:

660 U.S. HIGHWAY ONE, 3RD FLOOR  
NORTH PALM BEACH, FL 33408

## New Mailing Address:

POST OFFICE BOX 1803  
BOCA RATON, FL 33429 18

FEI Number: 26-3242507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAILE, SHAW & PFAFFENBERGER, P.A.  
660 U.S. HIGHWAY ONE, 3RD FLOOR  
NORTH PALM BEACH, FL 33408 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR ( ) Change (X) Addition  
Name: ROXBERRY, CLARISSA C  
Address: POST OFFICE BOX 1803  
City-St-Zip: BOCA RATON, FL 33429 US

Title: DIR ( ) Change (X) Addition  
Name: ROXBERRY, ROBERT J  
Address: POST OFFICE BOX 1803  
City-St-Zip: BOCA RATON, FL 33429 US

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: CLARISSA C ROXBERRY

DIR

04/30/2009

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

\_\_\_\_\_  
Date