

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000050942

FILED
Apr 29, 2011
Secretary of State

Entity Name: REPAIR MASTERS OF JACKSONVILLE INCORPORATED

Current Principal Place of Business:

629 IVA PLACE
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

629 IVA PLACE
JACKSONVILLE, FL 32208 US

New Mailing Address:

FEI Number: 27-2876678 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STRIGLER, COURTINNY D
629 IVA PLACE
JACKSONVILLE, FL 32208 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: STRIGLER, COURTINNY D
Address: 629 IVA PLACE
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: VP
Name: STRIGLER, COURTINNY
Address: 629 IVA PL
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: SEC
Name: STRIGLER, COURTINNY
Address: 629 IVA PL
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: TRES
Name: STRIGLER, ROSALYN
Address: 629 IVA PL
City-St-Zip: JACKSONVILLE, FL 32209 US

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: COURTINNY STRIGLER

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date