

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90004 011 ***150.00

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1. Entity Name
REPAIR TECHNOLOGIES, INC.



Principal Place of Business
7129 COMMERCIAL WAY
US HWY 19
BROOKSVILLE, FL 34614

Mailing Address
7129 COMMERCIAL WAY
US HWY 19
BROOKSVILLE, FL 34614

50020259



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3181900

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MURCHIO, ANTHONY J
15056 ECKERLEY DR.
BROOKSVILLE, FL 34614

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCEO MURCHIO, ANTHONY J 15056 ECKERLEY DRIVE BROOKSVILLE, FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURCHIO, MARGO L 15056 ECKERLEY DRIVE BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAVENER, CHERYL 15056 ECKERLEY DRIVE BROOKSVILLE, FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAVENER, FREDERICK P 15056 ECKERLEY DR BROOKSVILLE, FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

5/14/06 37-596-9121
Date Daytime Phone