

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000026851

FILED  
Aug 12, 2009  
Secretary of State

Entity Name: REPAIR TECHNOLOGIES, INC.

## Current Principal Place of Business:

7129 COMMERCIAL WAY  
US HWY 19  
BROOKSVILLE, FL 34614

## New Principal Place of Business:

## Current Mailing Address:

7129 COMMERCIAL WAY  
US HWY 19  
BROOKSVILLE, FL 34614

## New Mailing Address:

FEI Number: 59-3181900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VCEO ( ) Delete  
Name: MURCHIO, ANTHONY J  
Address: 15056 ECKERLEY DRIVE  
City-St-Zip: BROOKSVILLE, FL 34614

Title: S ( ) Delete  
Name: MURCHIO, MARGO L  
Address: 15056 ECKERLEY DRIVE  
City-St-Zip: BROOKSVILLE, FL

Title: T ( ) Delete  
Name: CRAVENER, CHERYL  
Address: 15056 ECKERLEY DRIVE  
City-St-Zip: BROOKSVILLE, FL 34614

Title: P ( ) Delete  
Name: CRAVENER, FREDERICK P  
Address: 15056 ECKERLEY DR  
City-St-Zip: BROOKSVILLE, FL 34614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANTHONY J. MURCHIO

CEO

08/12/2009

Electronic Signature of Signing Officer or Director

Date