

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90036 038 ***150.00

DOCUMENT # P93000088487

1. Entity Name

A-1 HOME REPAIRS, INC.



Principal Place of Business

225 NE 45TH PLACE
OCALA FL 34799

Mailing Address

225 NE 45TH PLACE
OCALA FL 34799

2. Principal Place of Business

580 NE 42 St

Suite, Apt. #, etc.

3. Mailing Address

580 NE 42 St

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

59-3223209

Applied For

Not Applicable

Zip

34799

Country

marion

Zip

34799

Country

marion

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SEMICH, MICHAEL J
225 NE 45TH PLACE
OCALA FL 34799

7. Name and Address of New Registered Agent

Name

Semich, Michael J

Street Address (P.O. Box Number is Not Acceptable)

580 NE 42 St

City

Ocala

FL

Zip Code

34799

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SEMICH, MICHAEL J
STREET ADDRESS 225 NE 45TH PLACE
CITY-ST-ZIP Ocala FL 34799

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Semich, Michael J
STREET ADDRESS 580 NE 42 St
CITY-ST-ZIP Ocala FL 34799

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

2-15-05 3528956047