

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000034473	
1. Entity Name BERNIE'S 24 HOUR MOBILE REPAIR, INC.	



FILED

06 JUN 19 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 18290 127TH DRIVE NORTH JUPITER, FL 33468	Mailing Address 18290 127TH DRIVE NORTH JUPITER, FL 33468
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2. Principal Place of Business 16801 128th tr Suite, Apt. #, etc.	3. Mailing Address 16801 128th tr Suite, Apt. #, etc.
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06072006 Chg-P CR2E034 (11/05)

City & State Jupiter Florida	City & State Jupiter Florida
Zip 33478	Country Palm Beach

4. FEI Number 65-0519719	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SKRIDULIS, BERNIE 18290 127TH DR. NORTH JUPITER, FL 33468	
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7. Name and Address of New Registered Agent Name Bernie Skridulis Jr. Street Address (P.O. Box Number is Not Acceptable) 16801 128th tr City Jupiter FL Zip Code 33478	
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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 <u>Bernie Skridulis Jr.</u> DATE <u>6-12-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SKRIDULIS, BERNARD 18290 127TH DR. NORTH JUPITER, FL 33468 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Bernard Skridulis Jr 16801 128th tr Jupiter FL 33478 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400076718664 06/29/06--01047--023 **\$75.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Bernie Skridulis Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>6-12-06</u> <small>Date</small>	Daytime Phone # <u>561 248 6490</u> <small>Daytime Phone #</small>
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