

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000045436



1. Entity Name

REGULATOR CONTROL REPAIR, INC.

Principal Place of Business

1584 N MEADOWCREST BLVD
CRYSTAL RIVER FL 34429
US

Mailing Address

1584 N MEADOW CREST BLVD
CRYSTAL RIVER FL 34429
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3253617**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THURLOW, REGINALD A
1584 N MEADOW CREST BLVD
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

DA11

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

NAME: D THURLOW, REGINALD A ☐ Delete
STREET ADDRESS: 1584 N MEADOWCREST BLVD
CITY- ST- ZIP: CRYSTAL RIVER FL

NAME: D THURLOW, PATRICIA A ☐ Delete
STREET ADDRESS: 1584 N MEADOWCREST BLVD
CITY- ST- ZIP: CRYSTAL RIVER FL

NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME: ☐ Change ☐ Addition
STREET ADDRESS: U000000595561
CITY- ST- ZIP: 01/23/07-80044-008 150.00

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 info empowered.

SIGNATURE:

TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-07 352-563-1101