

2008

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)****FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90026 013 \*\*\*150.00

**DOCUMENT # P94000050472**

1. Entity Name

Roger's Repairs, Inc.

**DO NOT WRITE IN THIS SPACE**

40099888

2. Principal Place of Business

3325 Jaywood Terrace

3. Mailing Address

3325 Jaywood Terrace

Suite, Apt. #, etc.

#J209

Suite, Apt. #, etc.

#J209

City &amp; State

Boca Raton, FL

City &amp; State

Boca Raton, FL

4. FEI Number

65-0478489

Applied For

Not Applicable

Zip

33431

Country

Zip

33431

Country

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

7. Name and Address of Current Registered Agent

Name

Roger Hull

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

3325 Jaywood Terrace, #J209

City

Boca Raton,

FL

Zip Code

33431

**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

4/30/08

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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	President
NAME	Roger C. Hull
STREET ADDRESS	3325 Jaywood Terrace, #J209
CITY-ST-ZIP	Boca Raton, FL 33431

TITLE	
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STREET ADDRESS	
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**DO NOT WRITE  
IN THIS SPACE**

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 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 #

4/30/08

561-756-6991