2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

DOCUMENT # P95000022447 1. Emity Name J.M. REPAIR, INC.					M	Secretar			VI
Principal Place of Business 2179 REVELLO STREET IMMOKALEE FL		Mailing Address 2179 REVELLO STREET IMMOKALEE FL							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		15	it MOORE	CR2E034 (1	0/05)	•	
City & State		City & State			4. FEI Numb	^{er} 59-3307283	.	- { .	plied For Applicat
Z _I p Country		Zip Cauntr		try	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	egistered Age	nt	-
MCCONNELL, JAMES A 2179 REVELLO STREET IMMOKALEE FL			;		P.O. Box Numb	per is Not Acceptable)		 .
119119	ONALLE I L			City			FL }	Zip Code	-
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registere	}	ed agent, or bo	oth, in the State of Flo	1		
SIGNATURE	Signature, typed or printed name of registered agent	(NOT) Bridsoning (NOT)	E Registeres	d Agent signature required	when reinstating)	*	DATE		 -
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department o					9. Election Campa Trust Fund Conf			90 May € Id to Fees
10. TITLE	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS	/CHANGES TO OFFI		RECTORS Change	SIN 11 Addin
MAME STREET ADDRESS CITY-ST-ZIP	MCCONNELL, JAMES A 2179 REVELLO STREET IMMOKALEE FL	i delete	nami Stre	Į.		<u>UQ0000</u> 047 04/04/06-80	3 9 81		-
TITLE NAMC STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, JAMES A 2179 REVELLO STREET IMMOKALEE FL	☐ Deiete	•	j				Change	□ A ^{age}
TITLE NAME STREET ADDRESS CHY-ST-ZIP	INFOOTELL I L	☐ Delete	TULLE NAME STREET		10.00				Andal.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete						Change	Anan
TITLE NAME STREET ADDRESS CITY-ST-LIP		☐ Detetc	•	3			Ξ	Change	☐ Adiesis
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addis.
indicated	Coertify that the information supplied will on this report or supplemental report in trotation or the receiver or trustee emind, or on an attachment with an address.	s true and accurate and that r	my signat	ture shall have the s	ame legal effe	ct as if made under c	ath, that I am a	an officer	ar directar

3-17-06 257-2880