


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

D		DOCUMENT # P96000035787					
1.		Name					
DI		DENNIS'S REPAIR SERVICE INC.					
Pri		Place of Business		- Mailing Address			
38 NE		3875 SPRING FOREST RD MYRNA BEACH FL 32168		3875 SPRING FOREST RD NEW SMYRNA BEACH FL 32168			
2.		Place of Business		3. Mailing Address			
		Apt. #, etc.		Suite, Apt. #, etc.			
		State		City & State		4. FEI Number 59-3375857	
		Country		Zip		Country	
						5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CLOUGH, DENNIS M 3875 SPRING FOREST RD NEW SMYRNA BEACH FL 32168				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
8. I, the 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 qualifications of registered agent							
SIC		NAME		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, 2006 Fee Will Be \$550.00		9. Election Campaign Financing		\$5.00 May Be Added to Fees	
Check Payable to Florida Department of State				Trust Fund Contribution. <input type="checkbox"/>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PVD	<input type="checkbox"/> Delete	TITLE	01/30/06-80002-007 150.00			
NAME	CLOUGH, DENNIS M		NAME				
STREET ADDRESS	3875 SPRING FOREST RD		STREET ADDRESS				
CITY	NEW SMYRNA BEACH FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	000000396255 <input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME			NAME	01/30/06-80002-007 150.00			
STREET ADDRESS			STREET ADDRESS				
CITY			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis M. Clough Dennis M. Clough 1-21-06 386-423-7496