

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000056165

Entity Name: T.C. REPAIR, INC.

FILED
Dec 18, 2007
Secretary of State**Current Principal Place of Business:**3011 NW 1ST AVE
POMPANO BEACH, FL 33064 US**New Principal Place of Business:****Current Mailing Address:**3011 NW 1ST AVE
245
POMPANO BEACH, FL 33064 US**New Mailing Address:**

FEI Number: 65-0681371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:AMBROSE, CLYDE
3011 NW 1ST AVE
POMPANO BEACH, FL 33064 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: O () Delete
Name: AMRBOSE, CLYDE
Address: 3011 NW 1ST AVE
City-St-Zip: POMPANO BEACH, FL 33064Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRES (X) Change () Addition
Name: AMRBOSE, CLYDE
Address: 3011 NW 1ST AVE
City-St-Zip: POMPANO BEACH, FL 33064Title: VP () Change (X) Addition
Name: GANNON, JAMES P
Address: 240 SE 15TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE F. AMBROSE

PRES

12/18/2007

Electronic Signature of Signing Officer or Director

Date