

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90098 045 \*\*\*150.00

DOCUMENT # P96000058818

1. Entity Name  
PLAZA ELECTRONICS REPAIR SERVICE, INC.



Principal Place of Business

~~13268 66 ST N~~  
LARGO, FL 33773

Mailing Address

13268 66 ST N  
LARGO, FL 33773

50010980



2. Principal Place of Business

2280 34th Way N.

3. Mailing Address

2280 34th Way N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006

Chg-P

CR2E034 (11/05)

City & State

Largo FL

City & State

Largo FL

4. FEI Number

59-3380305

Applied For

Not Applicable

Zip

33771

Country

Zip

33771

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HELIKER, ANGELA L  
13268 66TH ST. N.  
LARGO, FL 34643

7. Name and Address of New Registered Agent

Name

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

2280 34th Way N.

City Largo

FL

Zip Code 33771

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
HELIKER, ROBERT C JR.  
~~13268 66TH ST. N.~~ 2280 34th Way N.  
LARGO, FL 33771 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVST  
HELIKER, ANGELA L  
~~13268 66TH ST. N.~~ 2280 34th Way N.  
LARGO, FL 33771 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

SIGNATURE:

*Angela Heliker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06

Date

727-531-5484

Daytime Phone #