

FOR PROFIT CORPORATION ANNUAL REPORT


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FILED

2011 OCT 19 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034B (1/11)

DOCUMENT # P 96000104128	
1. Entity Name Kerr Electrical Repair Inc.	

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2. Principal Place of Business - No P.O. Box # 22294 SW 62nd Ave	3. Mailing Address 1960 SW 44th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Boca Raton FL	City & State Deerfield Bch FL
Zip 33428	Country USA
Zip 33441	Country USA

4. FEI Number 65-0685310	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name ERIK KERR	
Street Address (P.O. Box Number is Not Acceptable) 22294 SW 62nd Ave	
City Boca Raton	FL Zip Code 33428


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 	ERIK KERR	DATE 10-18-11
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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 <input type="checkbox"/> \$5.00 May Be Added to Fees	E-mail Address: E-mail address to be used for future annual report notices.
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10. OFFICERS AND DIRECTORS	
TITLE PD OWNER	NAME ERIK KERR STREET ADDRESS 22294 SW 62nd Ave CITY-ST-ZIP Boca Raton FL 33428
TITLE Secretary	NAME ELIZABETH KERR STREET ADDRESS 22294 SW 62nd Ave CITY-ST-ZIP Boca Raton FL 33428
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700213456277 10/19/11--01024--001 **150.00
700213456277 10/19/11--01024--002 **400.00
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.	
SIGNATURE: 	DATE 10-18-11 Daytime Phone # (954) 234-3745