


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90053 009 ***150.00

DOCUMENT # P98000008479		
1. Entity Name STANLEY'S HOME IMPROVEMENT & REPAIR CORP.		

Principal Place of Business 1122 HORIZON VIEW DR SARASOTA, FL 34242	Mailing Address 1122 HORIZON VIEW DR SARASOTA, FL 34242
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50030142

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03062005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0808319	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PIETRASZUN, STANISLAW W 1122 HORIZON VIEW DR SARASOTA, FL 34242	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD PIETRASZUN, STANISLAW W 1122 HORIZON VIEW DR SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Stanley Pietraszun* **STANISLAW PIETRASZUN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRES.** **3/09/05 941-906-7187**
Date Daytime Phone #