

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2007 08:00 AM
Secretary of State**

DOCUMENT # P98000031269

1. Entity Name
A PLUS TV-VCR REPAIR, INC.



Principal Place of Business
**10413 ST AUGUSTINE RD
JACKSONVILLE, FL 32257**

Mailing Address
**10413 ST AUGUSTINE RD
JACKSONVILLE, FL 32257**



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3503158

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEVINA, LYUBOV
11783 LORETTO SQUARE DR
JACKSONVILLE, FL 32223**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 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
**PD
LEVIN, LEV
10413 ST. AUGUSTINE RD
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
LEVINA, LYUBOV
10413 ST. AUGUSTINE RD
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000739644
05/14/07-80035-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 807, 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: _____

LEV LEVIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.20.2007
Date

904-880-3393
Daytime Phone #