

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000078422

1. Entity Name
IKE'S REPAIR INC.



Principal Place of Business
6827 AMBERJACK LANE
HUDSON, FL 34667

Mailing Address
6827 AMBERJACK LANE
HUDSON, FL 34667



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3534864	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ISAACSON, DENISE
6827 AMBERJACK LANE
HUDSON, FL 34667

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	D
NAME	ISAACSON, JOHN
STREET ADDRESS	6827 AMBERJACK LANE
CITY-ST-ZIP	HUDSON, FL 34667

TITLE	TS
NAME	ISAACSON, DENISE
STREET ADDRESS	6827 AMBERJACK LANE
CITY-ST-ZIP	HUDSON, FL 34667

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03/29/07-80025-007 150.00

**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 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: Denise Isaacson DENISE ISAACSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07 727-868-6998
Date Daytime Phone #