


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000035372</b> 1. Entity Name "FIXIT SHOP AND RENTALS" INC.	
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Principal Place of Business 3112 NORTH DAVIS HWY. PENSACOLA, FL 32503	Mailing Address 3112 NORTH DAVIS HWY. PENSACOLA, FL 32503
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**DO NOT WRITE IN THIS SPACE**



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3571920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LUNS福德, KEITH D 3112 NORTH DAVIS HWY. PENSACOLA, FL 32503	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUNS福德, KEITH 510 DARTMOOR DRIVE PENSACOLA, FL 32514
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03/22/04-80055-013 150.00

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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)(f), 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.

<b>SIGNATURE:</b>  <b>KEITH LUNS福德</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3-18-04</b> <small>Date</small>	<b>850-433-5692</b> <small>Daytime Phone #</small>
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