
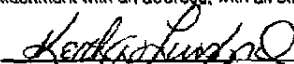


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000035372</b> <small>1. Entity Name</small> "FIXIT SHOP AND RENTALS" INC.		
<small>Principal Place of Business</small> 3112 NORTH DAVIS HWY. PENSACOLA, FL 32503	<small>Mailing Address</small> 3112 NORTH DAVIS HWY. PENSACOLA, FL 32503	
<b>DO NOT WRITE IN THIS SPACE</b>		
<small>6. Name and Address of Current Registered Agent</small>  LUNSFORD, KEITH D 3112 NORTH DAVIS HWY. PENSACOLA, FL 32503		<b>DO NOT WRITE IN THIS SPACE</b>
<small>6. 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.</small>		
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		<small>8. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<small>00000055280</small> <b>05/16/06-80027-010 150.00</b>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	P LUNSFORD, KEITH 510 DARTMOOR DRIVE PENSACOLA, FL 32514	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		
<small>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 changed, or on an attachment with an address, with all other like empowered.</small>		
<b>SIGNATURE:</b>  <b>KEITH D. LUNSFORD, PRES</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>850-433-5692</b> <small>Daytime Phone #</small>



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3571920** Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**