


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000064232		
1. Entity Name R.V.S. HOME REPAIR INC.		
Principal Place of Business 5610 W ATLANTIC AVE 108 DELRAY BEACH, FL 33484		Mailing Address 5610 W ATLANTIC AVE 108 DELRAY BEACH, FL 33484
DO NOT WRITE IN THIS SPACE		
		04192004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0934751		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
SALEMME, ROBERT V 5610 W ATLANTIC AVE 108 DELRAY BEACH, FL 33484		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000127041 04/23/04-80059-016 158.75
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	SALEMME, ROBERT V	
STREET ADDRESS	5610 W ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <i>Robert V. Salemme</i>		4/20/04 561-715-5119
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>