2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address with all other like empowered.

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## **FILED** DOCUMENT # P99000076061 May 01, 2006 08:00 AN Secretary of State 1. Entity Name A. SHARPENING & MOWER REPAIR, INC. Principal Place of Business Mailing Address 2820 21ST AVE. NORTH 2820 21ST AVE. NORTH ST.PETERSBURG FL 33713 ST.PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3585192 Not Applicat Ζφ Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOURLAY, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 8553 109TH STREET, NORTH ST. PETERSBURG FL 33772 City Zip Code 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 little if applicable (NOTE\_Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE מ ☐ Delete TIDE ☐ Change UQQQQ0553156 NAME GOURLAY, JEFFREY MARKE 05/15/06-80040-024 150.00 STREET ADDRESS 8553 109TH STREET, NORTH STREET ADDRESS CITY-ST-ZIP ST.PETERSBURG FL 33772 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Address NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78P TITLE ☐ Delete TITLE Сhange ☐ Adan. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Additio NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7(P CITY-ST-ZIP TITLE Delete Change ☐ Additio NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

President