

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000096266

Entity Name: REPAIR MASTER, INC.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

102 W SLIGH AVE  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

1605 COMMERCIAL PLACE  
ZEPHYRHILLS, FL 33540

**New Mailing Address:**

FEI Number: 59-3607057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SLANE, DALE  
102 W SLIGH AVE  
TAMPA, FL 33604 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SLANE, DALE  
Address: 102 W SLIGH AVE  
City-St-Zip: TAMPA, FL 33604

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DALE SLANE

PRES

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date