

Please complete in typescript, or in bold black capitals.

Annual Return

CHFP000

Company number

Company name in full

4231997

COMPREHENSIVE REPAIR SERVICES

LIMITED

Day

Date of this return

The information in this return is made up to

Month

Year

1 1 1 1 0 6 1 2 0 0 9

Date of next return

If you wish to make your next return to a date earlier than the anniversary of this return please show that date here. Companies House will then send a form at the appropriate time.

Day Month Year

Registered Office

Show here the address at the date of this return

Any change of registered office must be notified оп form 287

Post town

County/Region

HAMPSHIRE

UK Postcode

ုဝ 7

WATERLOOVILLE

113A LONDON ROAD

|⁷ |D|Z|_

Principal business activities

Show trade classification code number(s) for the principal activity or activities

If the code number cannot be determined,

5274

give a brief description of principal activity



04/09/2009 COMPANIES HOUSE 185

When you have completed and signed the form please send it to the

Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ

for companies registered in England or Wales or

Companies House, 139 Fountainbridge, Edinburgh, EH3 9FF DX ED235 Edinburgh 1 For companies registered in Scotland

DX 33050 Cardiff

or LP-4 Edinburgh 2

| Register of members | STATION HOUSE | | | | |
|---|--|--|--|--|--|
| If the register of members is not kept at the registered office, state here where it is kept | NORTH STREET | | | | |
| Post to | wn HAVANT | | | | |
| County/Regi | ion HAMPSHIRE | | | | |
| UK Postco | | | | | |
| 2 | | | | | |
| Register of Debenture holders If there is a register of debenture holders, or a duplicate of any such register or part of it, who is not kept at the registered office, state here where it is kept | | | | | |
| Post to | wn | | | | |
| County/Reg | ion | | | | |
| UK Postco | xde | | | | |
| Company type | | | | | |
| Public limited company | | | | | |
| Private company limited by shares | | | | | |
| Private company limited by guarante share capital | e without | | | | |
| Private company limited by shares e section 30 Private company limited by guarante under section 30 Private unlimited company with share Private unlimited company without s | ee exempt ee capital | | | | |
| Company Secretary | Details of a new company secretary must be notified on form 288a | | | | |
| * Voluntary details (Please photocopy this area to provide details of joint secretaries). *Styling Forena *Trick the box if the | mame SPENCER | | | | |
| address shown is a service address for the beneficiary of a Addr | ess †† 41 ABERDARE AVENUE | | | | |
| Confidentiality Order granted under section |] | | | | |
| 723B of the Companies | PORTSMOUTH | | | | |
| residential address. In the case of a corporation or Scottish firm, give the County/R | HAMPSHIRE | | | | |
| registered or principal | tcode P O 6 2 A T | | | | |
| If a partnership, give the names and addresses of Go the partners or the name of the partnership and | ountry ENGLAND | | | | |
| office address | | | | | |

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| Please list the directors in alphabetical order * Voluntary details In the case of a director that is a corporation or a Scottish firm, the | | Details of new directors must be notified on form 288a MR |
|--|------------------------|--|
| name is the corporate or firm | Date of birth | Day Month Year 0 |
| †† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office | Forename(s) | |
| | Surname | SPENCER |
| | Address †† | 41 ABERDARE AVENUE |
| | | |
| | Post town | PORTSMOUTH |
| | County/Region | HAMPSHIRE |
| | UK Postcode | P 0 6 L 2 A T L |
| address. | Country | ENGLAND |
| | Nationality | |
| Business occupation | | TV ENGINEER |
| Directors Please list the directors in * Voluntary details | alphabetical order | Details of new directors must be notified on form 288a |
| In the case of a director that is a Name *Style/Tit corporation or a | | |
| Scottish firm, the name is the | | Day Month Year |
| t† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address. | Date of birth | |
| | Forename(s) Surname | |
| | | |
| | Address | |
| | Post town | |
| | County/Region | |
| | UK Postcode | |
| | Country | |
| | Nationality | |
| Business occupation | | |
| | | |

| Issue share capital Enter details of all the shares in issue at the date of this return | Class (e.g. Ordinary/Preference) | Number of shares issued | Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock) | | | |
|--|---|---------------------------------|--|--|--|--|
| | ORDINARY | | <u>[1</u> | | | |
| | | | | | | |
| | | | | | | |
| | Totals | <u></u> | <u> </u> | | | |
| Traded public companies A traded public company means a company any of whose shares are shares admitted to trading on a regulated market | Please tick this box if your company was a traded public company at any time during the period of this return | | | | | |
| List of past and present shareholders (use attached schedule where appropriate) | Please tick the appropriate box below: On paper In another format | | | | | |
| Private or non-traded public companies are required to provide a "full list" if one was not included with either of the last two returns. | A full list of shareholders for a private or non-traded public company is enclosed. Please complete Schedule A. | | | | | |
| Traded public companies are required to provide a list of shareholders who held at least 5% of the issued shares of any share class if a list was not provided with either of the last two | A list of shareholders holding at least 5% of the issued shares of any share class for a traded public company is enclosed. Please complete Schedule B. | | | | | |
| returns. | A list containing sharehold | der changes is enclosed | | | | |
| | → For private or non-traded public companies, please complete Schedule A | | | | | |
| | → For traded public companies, please complete Schedule B | | | | | |
| | There were no sharehold | er changes in this period | ✓ | | | |
| Certificate | I certify that the information knowledge and belief | on given in this return is true | to the best of my | | | |
| Signed | Kou | | Date 3/9/209(*) | | | |
| * Please delete as appropriate When you have signed the return, send | *(director / secretary) | | | | | |
| it with the fee to the Registrar of Companies. Make cheques payable to Companies House. | This return includes | (enter number) | s | | | |
| You do not have to give any contact information in the box opposite but if | | | | | | |
| you do, it will help Companies House to contact you if there is a query on the | | | | | | |
| form. The contact information that you give will be visible to searchers of the | | | | | | |
| public record. | DX number | DX exchange [| | | | |
| | | | Page 4 | | | |