## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 09, 2005 8:00 am DOCUMENT # H34878 **Secretary of State** 02-09-2005 90057 047 \*\*\*155.00 PROFESSIONAL AUTO REPAIR, INC. Principal Place of Business Mailing Address 2285 FIRST AVENUE, NORTH ST. PETERSBURG FL 33713 2285 FIRST AVENUE, NORTH ST. PETERSBURG FL 33713 50012943 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2502808 Not Applicable Zip Country Zip Country \$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 Name TRAN, CHI Street Address (P.O. Box Number is Not Acceptable) 2285 1ST AVENUE NORTH ST. PETERSBURG FL 33713 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Celete TILLE ☐ Change ☐ Addition TRAN, CHI NAME NAME 2285 1ST AVENUE, NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP ST ☐ Delete ☐ Change Addition TITLE TRAN, DOROTHY NAME STREET ADDRESS 3780 10TH STREET NE STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete DILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CLTY-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:

WATER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 28th 05 727.321.329

FILED