## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000122350

JOHNNY'S AUTO TRUCK REPAIR, INC.



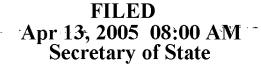
Principal Place of Business

12900 STARKEY ROAD SUITE 47 & 48

LARGO, FL 33773

Mailing Address

12900 STARKEY ROAD SUITE 47 & 48 LARGO, FL 33773





## DO NOT WRITE IN THIS SPACE

03242005 No Chg-P CR2E034 (10/03)

Applied For 4. FEI Number 30-0062012 Not Applicable 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOPKINS, JOHN AARON 5061 RENA ST. N. ST. PETERSBURG, FL 33709

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

			• • •			
	named entity submits this statement for the plons of registered agent.	surpose of changing its registered	office or regi	stered agent, or bo	th, in the State of Florida. I am famil	lar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tide t	l applicable. (NOTE Registered Ag	gent signature req	uired when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financir     Trust Fund Contribution.	• —	\$5.00 May Be Added to Fees		
10OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D HOPKINS, JOHN AARON 5061 RENA ST. N. SAINT PETERSBURG, FL 33709				000000301128 04/13/05-80019-011	İ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS, ESTON L 5061 RENA ST. N. SAINT PETERSBURG, FL 33709				04/13/05-80019-011	1 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS, JOHN-ADAM 5061 RENA ST. N. SAINT PETERSBURG, FL 33709			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			omers i co <del></del>	IN .	THIS SPACE	_ <del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TOTAL		
12. I hereby certify that the information supplied with this filling 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 attachagent will an address, with all other like empowered.						

ED NAME OF SIGNING OFFICER OR DIRECTOR