

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000122350

1. Entity Name
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)

4. FEI Number
30-0062012

Applied For
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

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOPKINS, JOHN AARON
5061 RENA ST. N.
SAINT PETERSBURG, FL 33709

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOPKINS, ESTON L
5061 RENA ST. N.
SAINT PETERSBURG, FL 33709

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOPKINS, JOHN-ADAM
5061 RENA ST. N.
SAINT PETERSBURG, FL 33709

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000001301128
04/13/05-80019-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #