2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000042232

1. Entity Name
GARAGE DOCTORS, INC.

Principal Place of Business	Mailing Address
17120 ESTES ROAD LUTZ, FL 33548 US	17120 ESTES ROAD LUTZ, FL 33548 US

01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3673702
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKSHAW, MICHAEL S
17120 ESTES ROAD
LUTZ, FL 33548

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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) 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	P
NAME	BLACKSHAW, MICHAEL S
STREET ADDRESS	17120 ESTES ROAD
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	S
NAME	BLACKSHAW, CLAIRE A
STREET ADDRESS	17120 ESTES ROAD
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	V
NAME	CLARK, DAVID J
STREET ADDRESS	17120 ESTES ROAD
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	T
NAME	CLARK, CHRISTINE A
STREET ADDRESS	17120 ESTES ROAD
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/05-80006-017 150.00

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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: Claire A. Blackshaw 4/1/05 813-948-2099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #