

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106091

FILED
Jan 13, 2011
Secretary of State

Entity Name: BILL'S LOW COST TRANSMISSION & AUTOMOTIVE REPAIR, INC.

Current Principal Place of Business:

1883 NORTH MAIN STREET
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

1883 NORTH MAIN STREET
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 20-0802926 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KALEEL, WILLIAM C III
1883 NORTH MAIN STREET
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: OFFI
Name: KALEEL, WILLIAM C III
Address: 1883 NORTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32609 US

Title: DIR
Name: KALEEL, WILLIAM C III
Address: 1883 NORTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32609 US

Title: SECR
Name: KALEEL, MARY C
Address: 1883 NORTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32609 US

Title: TREA
Name: KALEEL, MARY C
Address: 1883 NORTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32609 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM C KALEEL III

OFFI

01/13/2011

Electronic Signature of Signing Officer or Director

Date