

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000125616**

1. Entity Name  
**4 POINTS AUTO REPAIR, INC.**



Principal Place of Business  
**510 SOUTH WABASH AVE  
LAKELAND, FL 33801**

Mailing Address  
**510 SOUTH WABASH AVE  
LAKELAND, FL 33801**



05162008 No Chg-F CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1562430**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**OCHOA, CARLOS O  
2108 OLD TAMPA HWY  
LAKELAND, FL 33815**

**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 reinstating)

U000000950951  
06/04/08-80012-012 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.100(2)(b), F.S., the  
corporation did not receive this prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
OCHOA, CARLOS O  
2108 OLD TAMPA HWY  
LAKELAND, FL 33815**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
OCHOA, LILIA I  
2108 OLD TAMPA HWY  
LAKELAND, FL 33815**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 on the official records of the corporation, or on an attachment to an annual report, with all other officers and directors.

SIGNATURE:

*Carlos Ochoa*

5-20-08

863) 6835616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Business Phone #