

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000062345	
1. Entity Name BRIAN PESSOLANO AUTO REPAIR & SERVICE, INC.	

Principal Place of Business 2327 SE NORMAND ST STUART, FL 34997	Mailing Address 2327 SE NORMAND ST STUART, FL 34997
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DO NOT WRITE IN THIS SPACE



02132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0513642	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PESSOLANO, BRIAN
2327 SE NORMAND ST
STUART, FL 34997

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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	PESSOLANO, BRIAN
STREET ADDRESS	399 SW ASHBY LANE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	PESSOLANO, JEAN M
STREET ADDRESS	399 SW ASHBY LANE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/06-80009-008 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 duly empowered.

SIGNATURE:  **3-13-06** **772-283-3470**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone if