## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P94000062345

BRIAN PESSOLANO AUTO REPAIR & SERVICE, INC.



**FILED** Feb 29, 2008 08:00 AM Secretary of State

Principal Place of Business

2327 SE NORMAND ST STUART, FL 34997

Mailing Address

2327 SE NORMAND ST STUART, FL 34997



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CR2E034 (11/05) 02062008 No Chg-P 4. FEI Number

65-0513642

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PESSOLANO, BRIAN 2327 SE NORMAND ST STUART, FL 34997

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or registered agent, or bo	nth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	n applicable. (NOTE: Registere	d Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol><li>Election Campaign Finar Trust Fund Contribution.</li></ol>	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	The state of the state of the state of the	Commence of Property States and Commence
NAME STREET ADDRESS CHY-ST-ZIP	D PESSOLANO, BRIAN 399 SW ASHBY LANE PALM CITY, FL 34990			.U00000843457
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PESSOLANO, JEAN M 399 SW ASHBY LANE PALM CITY, FL 34990			03/4.1/08-80070-011 150:00

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CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

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 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 Bi changed, or on an attachment with an address with an other like empowered.

SIGNATURE

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

DILE NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP