

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000090763

Entity Name: ARNEZ AUTO SERVICE, INC.

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

1190 WICKHAM RD S
WEST MELBOURNE, FL 32904

New Principal Place of Business:

1190 S. WICKHAM RD
WEST MELBOURNE, FL 32904

Current Mailing Address:

1190 WICKHAM RD S
WEST MELBOURNE, FL 32904

New Mailing Address:

1190 S. WICKHAM RD
WEST MELBOURNE, FL 32904

FEI Number: 59-3357071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FREDERICKS, LOIS A
1501 ROBERT J. CONLAN BLVD N.E.
PALM BAY, FL 32905 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ARNEZ, GONZALO
Address: 1940 EVA LN
City-St-Zip: MALABAR, FL 32950

Title: VP () Delete
Name: ARNEZ, JANET
Address: 1940 EVA LN
City-St-Zip: MALABAR, FL 32950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JANET M. ARNEZ

VP

01/11/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date