2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P9900000987 1. Entity Name SAM'S AUTOMOTIVE SERVICE, INC.						FILED Feb 05, 2005 08:00 AM Secretary of State				
Principal Place of Business 1948-1 PARENTAL HOME RD. JACKSONVILLE FL 32216			Mailing Address 1948-1 PARENTAL HOME RD. JACKSONVILLE FL 32216							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt, #, etc.			Suite, Apt. #, etc.				t MOORE	CR2E034	(10/04)	14941 14 1484
City & State		City & State				4. FEI Numb	59-3551120	 I		plied For ot Applicat
Zip	Country	Zip		Coun	try		e of Status Desired	<u>ا</u> ليا	8.75 Add ee Require	litional
	6. Name and Address of Current I	Registere	d Agent		Name	7. Name and	d Address of New Re	egistered A	gent	
CRIST, PAUL H 1948-1 PARENTAL HOME RD JACKSONVILLE FL 32216					Street Address (P.O. Box Numb	er is Not Acceptable)		
					City			FL	Zip Code	
After	Signature, typed or printed name of registered agent a ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 & Payable to Florida Department of		Icable (NOT	FE Registere	d Agent signalure required	d when reinstating)	9. Election Campa Trust Fund Cont	-		00 May 문 ed to Fees
10.	OFFICERS AND		RS	11.		ADDITIONS	L /CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PTD CRIST, PAUL H 1931 BIGGERS RD. JACKSONVILLE FL 32216		☐ Delete				U0000021 02/05/05-80	6478 1049-02	□ Change 1 150.[□ Additio
THLE NAME STREET ADDRESS CUTY-SL-ZIP	VPSD CRIST, SONYA J 1931 BIGGERS RD JACKSONVILLE FL 32216		□ Delete						Change	Addilji
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Ağıtılı
THE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete					٠	☐ Change	∏ Addilia
HILL NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete					· -	☐ Change	Ariclilu
indicated of the cor changed	certify that the information supplied with lon this report or supplemental report is reporation or the receiver or trustee empore, or on an attachment with an address, w	true and a wered to	accurate and that execute this report	my signa t as requi	ture shall have the	same legal effe 7, Florida Statut	ct as if made under o es, and that my name	eath, that I a appears in	m an officer Block 10 or	or director r Block 11
SIGNAT	TURE: SIGNATURE AND TYPESFOR P	- / (IE OF SIGNING OFFICER	OR DIRECT	TOR		- 1-05 		1–90 sytime Phone #	64