


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # S26120
 1. Entity Name
ANDY KLODAKIS' CAR STORE, INC.



Principal Place of Business Mailing Address
7200 E. BROADWAY **7200 E. BROADWAY**
TAMPA, FL 33619 **TAMPA, FL 33619**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3048241	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KLODAKIS, AMANDA
7200 E. BROADWAY
TAMPA, FL 33619

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: *Amanda Klodakis* DATE: 1/3/7

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLODAKIS, AMANDA 7200 E. BROADWAY TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLODAKIS, ANDREW 7200 E. BROADWAY TAMPA, FL
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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 attaching exhibit an address, with all other like empowered.

SIGNATURE: *Amanda Klodakis* DATE: 1/3/7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #