


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # V73591**

1. Entity Name  
**PERFORMANCE TRANSMISSION AND AUTO REPAIR, INC.**



Principal Place of Business 36258 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684	Mailing Address 36258 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684
---	---

**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3150474	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FOUNTAS, JAMES**  
 36258 U.S. HIGHWAY 19 NORTH  
 PALM HARBOR, FL 34684

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed to protect name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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	P FOUNTAS, JAMES 36258 U.S. HGHWY. 19 N. PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARONE, MICHAEL B. 36258 U.S. HGHWY. 19 N. PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000597128  
 01/24/07-80023-023 150.00

**DO NOT WRITE 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 like empowered.

SIGNATURE:  DATE: 1-17-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR