

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000026183

**Entity Name:** CAMPBELL'S AUTO REPAIR SOLUTIONS INC.

**Current Principal Place of Business:**

1137 NORTH BYRON BUTLER PKWY  
PERRY, FL 32347

**Current Mailing Address:**

1137 NORTH BYRON BUTLER PKWY  
PERRY, FL 32347 US

**FEI Number: 46-2326068**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CAMPBELL, JASON W  
911 NORTH VETERANS DRIVE  
PERRY, FL 32347 US

*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

**Officer/Director Detail :**

Title P  
Name CAMPBELL, JASON W  
Address 911 NORTH VETERANS DR  
City-State-Zip: PERRY FL 32347

Title VP  
Name CAMPBELL, JENNIFER K  
Address 911 NORTH VETERANS DRIVE  
City-State-Zip: PERRY FL 32347

Title COO  
Name RECE, KEVIN M  
Address 4220 STRICKLANDS LANDING BLVD.  
City-State-Zip: PERRY FL 32348

*I hereby 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 all other like empowered.*

**SIGNATURE: JENNIFER CAMPBELL**

**VP**

**01/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date