

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90090 004 ***150.00

DOCUMENT # 157272

1. Entity Name

MOTOR SERVICE INC.



Principal Place of Business

**6600 N.W. 77 CT.
MIAMI FL 33166**

Mailing Address

**6600 N.W. 77 CT.
MIAMI FL 33166**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-0595839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOURNE, LESTER H.
15930 SW 79TH AVE
MIAMI FL 33157**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☒ Delete
NAME GROSSNICKLE, L R
STREET ADDRESS 21660 NW 7TH COURT
CITY-ST-ZIP PEMBROKE PINES, FL 00000

TITLE VD ☐ Change ☒ Addition
NAME Susan E. Bourne
STREET ADDRESS 15930 SW 79th Ave
CITY-ST-ZIP Miami FL 33157

TITLE PD ☐ Delete
NAME BOURNE, LESTER
STREET ADDRESS 15930 SW 79TH AVE
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☐ Change ☒ Addition
NAME Raymond P. Weeks
STREET ADDRESS 11219 NW 3rd Terrace
CITY-ST-ZIP Miami FL 33172

TITLE VD ☒ Delete
NAME ADAMS, PAUL
STREET ADDRESS 13703 SW 90 AVE
CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☒ Delete
NAME BOURNE, IVA T.
STREET ADDRESS 8745 SW 150 TERR
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lester H. Bourne* Lester H. Bourne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 305-592-2440

Date

Daytime Phone #