## **2005 FOR PROFIT CORPORATION**

## **FILED** M

	ANNUAL	Jan 18, 2005 08:00 A					
DOCUMENT # 269546  1. Entity Name CRANKSHAFT REBUILDERS INC					Se	cretary o	f State
Principal Plac 1200 ALBRIG SANFORD, FI		Mailing Address 1200 ALBRIGHT RD. SANFORD, FL 32771		2 7 <b>00</b> 111 <b>5</b> 11 <b>1</b>	IN TURN INTO INIIR NYNIN SII		<b>#</b> ##   <b>#</b> ######
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П	O NOT WRITE	IN THIS SPA	CF	01132005	No Chg-P	CR2E034 (10/0	
_			<b>-</b>	4. FEI Numb 59-100		\$8.75 <i>/</i>	
	6. Name and Address of Current Re	gistered Agent		0.00.,,,,,		Fee Requ	ired
THOMAS, FRANCIS L. 201 WOODS TRAIL SANFORD, FL 32771			-		NOT W		
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  Signalure, typed or printed name of registered agent and life if applicable. (NOTE, Registered Agent signature required when reinstating).  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND D	RECTORS	-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERIKSSON,LARRY J. 2050 SPRGS LANDING BLVD LONGWOOD, FL					0182036	ar years
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, FRANCIS L 201 WOODS TRAIL SANFORD, FL	–			01/19/05	-80010-013	150.00
TITLE NAME STREET ADDRESS GTY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ampowered.

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05

Daytime Phone #