

2006 FOR PROFIT CORPORATION ANNUAL REPORT

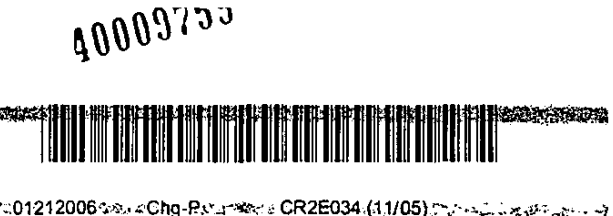
FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90020 018 ***150.00

DOCUMENT # 340697	
1. Entity Name YOW'S AUTOMOTIVE MACHINE SHOP, INC.	

Principal Place of Business 6219 15TH ST. E. HWY 301 BRADENTON, FL 34203	Mailing Address 6219 15TH ST. E. HWY 301 BRADENTON, FL 34203
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01212006 Chg-Pa CR2E034 (11/05)

4. FEI Number 59-1229985		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	
YOW, JOHNNY L. 2516 59TH STREET SARASOTA, FL		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete YOW, JOHNNY L. 2516 59TH ST. SARASOTA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Brenda H. Yow 2516 59th St. Sarasota FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete YOW, DAVID 7976 GLENBRODE LANE Glenbrooke SARASOTA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Sandra W. Yow 7976 Glenbrooke Lane Sarasota FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 507, 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: Johnny Yow 2-2-06 941-258-6466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone