

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 533089

1. Entity Name
TWIN CITIES AUTO SERVICE, INC.



Principal Place of Business
**425 GOVERNMENT STREET
VALPARAISO, FL 32580**

Mailing Address
**425 GOVERNMENT STREET
VALPARAISO, FL 32580**



04152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1754704

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MIKLES, CHRISTIAN I
425 GOVERNMENT ST.
VALPARAISO, FL 32580**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating) DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MIKLES, CHRISTIAN I.
STREET ADDRESS	425 GOVERNMENT ST.
CITY - ST - ZIP	VALPARAISO, FL
TITLE	SD
NAME	MAFFEI, BRADLEY J.
STREET ADDRESS	408 TIGER POINT DRIVE
CITY - ST - ZIP	NICEVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**U00000522190
05/03/06-80021-014 150.00**

**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: Bradley J. Maffei Bradley J Maffei 4-17-06 850-678-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #