2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# 558553

Entity Name: MANFREDS AUTOMOTIVE SPECIALTIES, INC.

Current Principal Place of Business:

4585 PROGRESS AVE
UNIT #7
NAPLES, FL 34104 US

New Principal Place of Business:

3827 ARNOLD AVE
NAPLES, FL 34104 US

Current Mailing Address:

4585 PROGRESS AVE
UNIT #7
NAPLES, FL 34104 US

New Mailing Address:

3827 ARNOLD AVE
NAPLES, FL 34104 US

FEI Number: 59-1787886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRUKOW, MANFRED
751 104 AVE N.
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KRUKOW, MANFRED,
Address: 751 104 AVE
City-St-Zip: NAPLES, FL 34108

Title: VST ( ) Delete
Name: KRUKOW, CATHERINE A,
Address: 751 104 AVE
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete
Name: KRUKOW, ERIC J
Address: 2617 LONGBOAT DRIVE
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete
Name: KRUKOW, CATHERINE A.,
Address: 751 104 AVE, N.
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete
Name: KRUKOW, ALYSSA
Address: 1933 COURTYARD WAY #202
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CATHERINE A KRUKOW VST 01/11/2005

Electronic Signature of Signing Officer or Director Date