


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90310 024 ***150.00

DOCUMENT # 593271 1. Entity Name FLORIDA AUTOMATIC TRANSMISSION SERVICES, INC.					
Principal Place of Business NC. 5385 SEMINOLE BLVD. ST. PETERSBURG, FL 33708			Mailing Address NC. 5385 SEMINOLE BLVD. ST. PETERSBURG, FL 33708		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1857823	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MURANKO, HOWARD ONE BEACH DR SAINT PETERSBURG, FL 33701				Name <u>Howard Muranko</u> Street Address (P.O. Box Number is Not Acceptable) <u>8093 Catfish Creek Ct</u> <u>Seminole, Fla 33776-3448</u> City <u>FL</u> Zip Code <u>33776-3448</u>	
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/2/05</u>					
FILE NOW!!!- FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACK, HAROLD 5385 SEMINOLE BLVD. SAINT PETERSBURG, FL 33708 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MURANKO, HOWARD ONE BEACH DR ST PETERSBURG, FL 33701 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 empowered.					
SIGNATURE: <u>[Signature]</u>			Date <u>3/2/05</u> Daytime Phone # <u>727-744-0220</u>		