

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 Mailing Address

NC. NC.
 5385 SEMINOLE BLVD. 5385 SEMINOLE BLVD.
 ST. PETERSBURG, FL 33708 ST. PETERSBURG, FL 33708

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01132005 Chg-P CR2E034 (10/03)

4. FEI Number **59-1857823** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MURANKO, HOWARD
ONE BEACH DR
SAINT PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name *Howard Muranko*
 Street Address (P.O. Box Number is Not Acceptable)
8093 Coltonwood Ct
Seminole, Fla 33776-3448
 City **FL** Zip Code **33776-3448**

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]* (NOTE: Registered Agent signature required when reinstating) DATE *3/2/05*

FILE NOW!!! - FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MACK, HAROLD	
STREET ADDRESS	5385 SEMINOLE BLVD.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MURANKO, HOWARD	
STREET ADDRESS	ONE BEACH DR	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* Date *3/2/05* Daytime Phone # *722-144-0220*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR