

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 607606**

1. Entity Name  
**CIRCLE AUTO SERVICE, INC.**



Principal Place of Business

**3512 N FLORIDA  
TAMPA, FL 33603 US**

Mailing Address

**3512 FLORIDA AVE  
TAMPA, FL 33603**



07142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1882529**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ALVAREZ, OSCAR E  
3512 FLORIDA AVE  
TAMPA, FL 33603**

**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 (file if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000376872  
08/22/05-80005-025 550.00**

10. **OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ALVAREZ, OSCAR E
STREET ADDRESS	3512 FLORIDA AVE
CITY-ST- ZIP	TAMPA, FL 00000,
TITLE	S
NAME	ALVAREZ, LILA B
STREET ADDRESS	3512 FLORIDA AVE
CITY-ST- ZIP	TAMPA, FL 00000,
TITLE	V
NAME	CALHOUN, LARRY, J
STREET ADDRESS	3512 FLORIDA AVE. N.
CITY-ST- ZIP	TAMPA, FL
TITLE	V
NAME	CALHOUN, H., JOEL
STREET ADDRESS	3512 FLORIDA AVE.
CITY-ST- ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

*Larry J. Calhoun*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-29-05**