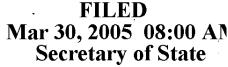
2005 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) **DOCUMENT # 616143** ATE JON



1. Entity Name BILL'S AUTOMOTIVE REPAIR OF BOYNTON BEACH, INC.						Secretary of Stat			
Principal Plac	ce of Busines	s	Mailing Address	<u> </u>		_			
425 NE 4TH ST BOYNTON BEACH FL 33435			532 SE 28TH AVE #23B BOYNTON BEACH FL 33435				EIIE EIIE! IIII NIIE MIIE! (IEII EIEEE))) AIRN 8)	rij 2 1211 kryll wysl (41	Melwyl si tamb
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc			Suite, Apt #, etc			1:	st MOORE CR2E03	34 (10/04)	
City & State			City & State			4. FEI Numb	⁵⁹⁻¹⁹⁴⁶⁸⁷⁸		oplied For ot Applicable
Zip Country		Zıp	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
					Name				
425	GSTROM, NE 4TH YNTON B				Street Address (P.O. Box Number is Not Acceptable)				
				City			F	Zip Cod	le
8. The above the obligat	e named entity tions of regist	y submits this statement f ered agent	or the purpose of changing	its register	ed office or registe	ered agent, or bo	oth, in the State of Florida. I ar	n familiar with,	and accept
SIGNATURE		or printed hame of registered agen	t and tifle if applicable (N	OTE Registere	d Agent signature require	ad when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	L S/CHANGES TO OFFICERS AN	UD DIRECTOR	S IN 11
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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: 4

-William Hegstrom-President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

54-737-8723