

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 617502**

1. Entity Name  
**REALISTIC AUTO RESTORATIONS, INC.**



Principal Place of Business  
**2519 6TH AVENUE S.  
ST. PETERSBURG, FL 33712**

Mailing Address  
**2519 6TH AVENUE S.  
ST. PETERSBURG, FL 33712**



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1901642</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCKINNEY, KEITH  
605 75TH AVE  
ST PETERSBURG BEACH FL, FL 33706**

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SAMUELS, JANA
STREET ADDRESS	2519 - 6TH AVENUE, S.
CITY-ST-ZIP	ST PETESBURG, FL 00000,
TITLE	D
NAME	SAMUELS, STEPHEN
STREET ADDRESS	2519 - 6TH AVENUE, S.
CITY-ST-ZIP	ST PETESBURG, FL 00000,
TITLE	VST
NAME	SAMUELS, JANA
STREET ADDRESS	2519 - 6TH AVENUE, S.
CITY-ST-ZIP	ST PETESBURG, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80052-005 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Jana T. Samuels  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/07 727 327-5162  
Date Daytime Phone #