


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90058 034 ***150.00

DOCUMENT # 695089	
1. Entity Name P & M AUTOMOTIVE, INC.	

Principal Place of Business % ROY F PRICE CHAIRS MEURET 1110 S 90TH ST TAMPA FL 33619	Mailing Address % ROY F PRICE CHAIRS MEURET 1110 S 90TH ST TAMPA FL 33619
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2. Principal Place of Business P & M AUTOMOTIVE INC.	3. Mailing Address 1110 S 90TH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State TAMPA	City & State FL.
Zip 33619	Country HILLSB.



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2115844		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PRICE, ROY F. CHAIRS R. MEURET 1110 S 90TH STREET TAMPA FL 33619		
7. Name and Address of New Registered Agent Name CHAIR R. MEURET Pres. Street Address (P.O. Box Number is Not Acceptable) 1110 S. 90TH ST. City TAMPA FL Zip Code 33619		

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 *Chris R Meuret* **CHAIR R. MEURET** **1-25-05**
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 MEURET, CHRIS R 10009 CANNON DRIVE RIVERVIEW FL 33569 <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	VD PRICE, ROY F 1110 S 90TH ST TAMPA FL 33619 <input checked="" type="checkbox"/> Delete RETIRED	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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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

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: *Chris R Meuret* **CHAIR R. MEURET** **1-25-05 813-626-1029**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #