

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2008 08:00 AM  
Secretary of State

DOCUMENT # F09286

1. Entity Name

CANDY AUTO SHOP, INC.



Principal Place of Business

4212 W. CAYUGA ST.  
TAMPA FL 33614

Mailing Address

4212 W. CAYUGA ST.  
TAMPA FL 33614



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number  
59-2047704

Applied For  
Not Applicable

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

FERNANDEZ, CANDIDO  
6008 W. NORTH  
TAMPA FL 33614

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME FERNANDEZ, CANDIDO  
STREET ADDRESS 6008 W NORTH  
CITY- ST- ZIP TAMPA FL 33614

TITLE ☐ Change ☐ Addition  
NAME U00000935128  
STREET ADDRESS 05/23/08-80061-001 150.00  
CITY- ST- ZIP

TITLE STD ☐ Delete  
NAME FERNANDEZ, IRMA G.  
STREET ADDRESS 6008 W NORTH  
CITY- ST- ZIP TAMPA FL 33614

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VD ☐ Delete  
NAME FERNANDEZ, ELINA  
STREET ADDRESS 6008 W NORTH  
CITY- ST- ZIP TAMPA FL 33614

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
NAME  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Candido Fernandez* CANDIDO FERNANDEZ 4-28-08 813-822-5137  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr