


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F50436**  
 1. Entity Name  
 PRESTIGE AUTOMOTIVE SERVICE, INC.



Principal Place of Business  
 103 CORPORATION WAY  
 VENICE, FL 34292

Mailing Address  
 103 CORPORATION WAY  
 VENICE, FL 34292

**DO NOT WRITE IN THIS SPACE**



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-2139300

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MONDOR, ANDRE R  
 691 POND WILLOW LANE  
 VENICE, FL 34292

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLMAN, CAROL 5629 ESTATES DRIVE NORTH PORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLMAN, DELL 5629 ESTATES DRIVE NORTH PORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONDOR, ANDRE R 691 POND WILLOW LANE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONDOR, THERESE 691 POND WILLOW LANE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/01/05-80004-012 150.00

**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)(f), 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: Carol J. Willman CAROL J. WILLMAN 3/29/05 941-485-2567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #