


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 103 CORPORATION WAY 103 CORPORATION WAY
 VENICE, FL 34292 VENICE, FL 34292



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2139300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. 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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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 05/08/06-80096-025 150.00

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: *Carol J. Willman* **CAROL J. WILLMAN** **SECRETARY** **4/24/06** **941-485-2567**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #