

**2008 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90071 043 \*\*\*150.00


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



Principal Place of Business      Mailing Address  
**691 POND WILLOW LANE**      **691 POND WILLOW LANE**  
**VENICE, FL 34292**      **VENICE, FL 34292**

**DO NOT WRITE IN THIS SPACE**

**66009722**




02272008    No Chg-P    CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-2139300</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> 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:       DATE: **4-1-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

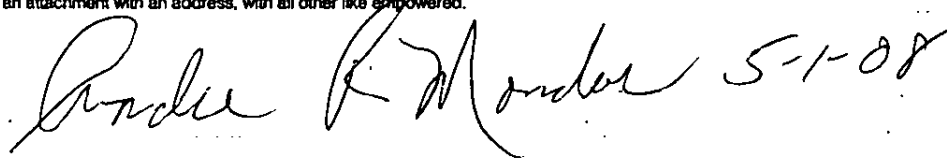
9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>WILLMAN, CAROL</b><br><b>5629 ESTATES DRIVE</b><br><b>NORTH PORT, FL</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV</b><br><b>WILLMAN, DELL</b><br><b>5629 ESTATES DRIVE</b><br><b>NORTH PORT, FL</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PO</b><br><b>MONDOR, ANDRE R</b><br><b>691 POND WILLOW LANE</b><br><b>VENICE, FL 34292</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>MONDOR, THERESE</b><br><b>691 POND WILLOW LANE</b><br><b>VENICE, FL 34292</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**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.

 **5-1-08**