
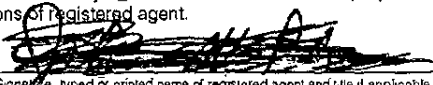
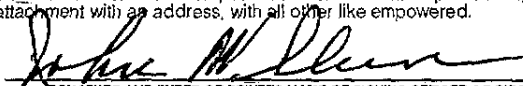


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # F55119</b><br>1. Entity Name<br>LYNN HAVEN AUTOMOTIVE SERVICE, INCORPORATED  |   |   |   |                |  |
| Principal Place of Business<br>430 OHIO AVENUE<br>LYNN HAVEN FL 32444  |   | Mailing Address<br>430 OHIO AVENUE<br>LYNN HAVEN FL 32444                   |   |   |  |
| 2. Principal Place of Business<br>Suite, Apt #, etc.   |   | 3. Mailing Address<br>Suite, Apt. #, etc.                                   |   |   |  |
| City & State   |   | City & State  |   | 4. FEI Number <b>59-2135474</b>   |  |
| Zip  |   | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br>SLOAN (JOHN W.)<br>430 OHIO AVENUE<br>LYNN HAVEN FL   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |   |  |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |   | <small>(NOTE: Registered Agent signature required when reinstating)</small> |   | DATE  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br>SLOAN, JOHN W<br>403 ILLINOIS AVENUE<br>LYNN HAVEN, FL 00000 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | U00000335118<br>04/27/05-80063-016 150.00   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | ST<br>SLOAN, NANCY<br>403 ILLINOIS AVENUE<br>LYNN HAVEN, FL 00000 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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)(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 changed, or on an attachment with an address, with all other like empowered. |   |   |   |   |  |
| SIGNATURE:    |   | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR          |   | Date _____ Daytime Phone # _____  |  |



1st MOORE CR2E034 (10/04)