

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F55119

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: LYNN HAVEN AUTOMOTIVE SERVICE, INCORPORATED

**Current Principal Place of Business:**

430 OHIO AVENUE  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

430 OHIO AVENUE  
LYNN HAVEN, FL 32444

**New Mailing Address:**

109 DOGWOOD TRAIL  
ALABASTER, AL 35007

FEI Number: 59-2135474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SLOAN (JOHN W.)  
430 OHIO AVENUE  
LYNN HAVEN, FL US

**Name and Address of New Registered Agent:**

SLOAN (JOHN W.)  
109 DOGWOOD TRAIL  
ALABASTER, AL, FL 35007 US

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.

SIGNATURE: JOHN W SLOAN

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SLOAN, JOHN W,  
Address: 403 ILLINOIS AVENUE  
City-St-Zip: LYNN HAVEN, FL 00000,

Title: ST ( ) Delete  
Name: SLOAN, NANCY,  
Address: 403 ILLINOIS AVENUE  
City-St-Zip: LYNN HAVEN, FL 00000,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SLOAN, JOHN W,  
Address: 109 DOGWOOD TRAIL  
City-St-Zip: ALABASTER, AL 35007

Title: ST (X) Change ( ) Addition  
Name: SLOAN, NANCY,  
Address: 109 DOGWOOD TRAIL  
City-St-Zip: ALABASTER, AL 35007

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W SLOAN

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date