


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F72569 1. Entity Name AUTO ANALYST AND REPAIR, INC.	
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Principal Place of Business 7755 W. HOMOSASSA-TRAIL HOMOSASSA, FL 34448	Mailing Address 7755 W. HOMOSASSA-TRAIL HOMOSASSA, FL 34448
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DO NOT WRITE IN THIS SPACE

03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2182808	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FIPPS, BARNEY LEE, JR
7755 W. HOMOSASSA TRAIL
HOMOSASSA, FL 34448

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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)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST FIPPS, JEANETTE C 2761 WOODBINE AVE HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIPPS, BARNEY LEE 2761 WOODBINE AVE HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIPPS, JEANETTE C 2761 WOODBINE AVE HOMOSASSA, FL 34448
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03/08/05-80038-005 158.75

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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)(i), 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: Barney L. Fipps Jr. 03-07-05 352-628-3062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #