2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # F97716

1. Entity Name
AL SWEENEY'S AUTO REPAIR, INCORPORATED

Principal Place of Business	Mailing Address
1418 S HOPKINS AVE TITUSVILLE, FL 32780-4288 US	1418 S HOPKINS AVE TITUSVILLE, FL 32780-4288 US

DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2220098
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SWEENEY, STEVEN
1418 SOUTH HOPKINS AVENUE
TITUSVILLE, FL 32780

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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
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SWEENEY, DENNIS
STREET ADDRESS	1418 SO HOPKINS AVENUE
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	PD
NAME	SWEENEY, STEVEN
STREET ADDRESS	1418 SO HOPKINS AVENUE
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	S
NAME	SWEENEY, DONNA
STREET ADDRESS	1418 SOUTH HOPKINS AVENUE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	T
NAME	SWEENEY, LISA
STREET ADDRESS	1418 SOUTH HOPKINS AVENUE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/07-80011-009 158.75

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: _____ 4-27-07 321-267-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #