2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G15330

1. Entity Name C & R AUTO SERVICE, INC.



FILED Apr 10, 2006 08:00 AM Secretary of State

Principal Place of Business

% RICHARD WHITTLETON 208 W. HIAWATHA TAMPA, FL 33604-5429

SIGNATURE:

Malling Address

% RICHARD WHITTLETON 208 W. HIAWATHA TAMPA FL 33604-5429



DO NOT WRITE IN THIS SPACE

6. Name and Address of Gurrent Registered Agent

CR2E034 (11/05) 04072008 No Cho-P Applied For 4. FEI Number 59-2315433 Not Applicable

5. Certificate of Status Desired

48-06

Davime Come #

\$8.75 Additional Fee Required

WHITTLETON, RICHARD 208 W HIAWATHA TAMPA, FL

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the patients of registered agent.	ourpose of changing its registere	d office or	registered agent, or be	oth, In the State of Florids. I am familiar with, and accept	ət
SIGNATURE.	Signature, typed or printed name of regretered agent and title	f agninghia (ASTE: Sanislated	Armen Morent	the state of the same of the s	, DATE	
FILE NOWIN FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		# Applicable. (NOTE Registated Agent agressive required when more across a control of the contro		\$5.00 May Be		
10.	OFFICERS AND DIREC	TORS				-
Title Name Etreet aboress City-St-Zip	PD WHITTLETON, RICHARD 208 W HIAWATHA TAMPA, FL	. ж			1:000005002 65 84/25/06-80016-806 150) ro
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITTLETON, PATRICIA 208 W HIAWATHA TAMPA, FL					
TITLE NAME STREET ADDRESS CATY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADORESS GITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS DITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 it 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.						