
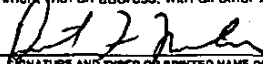


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90029 017 ***150.00

DOCUMENT # G75940 1. Entity Name FRANK'S AUTOMOTIVE REPAIR SERVICE, INC.			
Principal Place of Business 6894 W. FAIRFIELD DR. PENSACOLA, FL 32506		Mailing Address 6894 W. FAIRFIELD DR. PENSACOLA, FL 32506	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent NIELSEN, FRANCIS 6894 W. FAIRFIELD DR. PENSACOLA, FL 32506		DO NOT WRITE 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) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NIELSEN, FRANCIS 8141 POND VALLEY DRIVE PENSACOLA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		1-30-08 850 421315 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

40043610



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2362722** Applied For ☐ Not Applicable ☒

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