2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2005 08:00 AM Secretary of State DOCUMENT # H46869 1. Entity Name ZYCH CERTIFIED AUTO REPAIR, APOPKA CHEVRON, INC. Principal Place of Business Mailing Address 545 S ORANGE BLOSSOM TRAIL 545 S ORANGE BLOSSOM TRAIL APOPKA FL 32703 APOPKA FL 32703 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 52-1390105 Not Applicable Zip Country Country \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZYCH, ROBERT T Street Address (P.O. Box Number is Not Acceptable) 344 NORTH LAKE AVE. APOPKA FL 32703 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHÂNGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. HILE ☐ Delete THE ☐ Change Addition ZYCH, ROBERT T. NAME 344 NORTH LAKE AVE STREET ADDRESS STREET ADDRESS APOPKA FL CHY-SI-7IP CITY - ST: ZIP ST Change THE Delete TODA ☐ Addition UUUUUUUUUUU2U0774 ZYCH, LUANE NAME NAME 51/28/05-90041-024 150.00 344 NORTH LAKE AVE STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA FL C11Y-51-ZIP THE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition HILE Delete NAME MAME STREET ADDRESS CIREET ADDRESS CITY - ST - 7(P CHY-ST-ZIP Addition 1111 Delete Change 11115 NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CLLY-ST-ZIP HILE ☐ Delete MILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ACOPESS CITY-ST-JP CHY-SI-ZIP

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 quatee emportered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

other like empowered.

OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE:

FILED

Daytme Phone 4

Date