2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2006 08:00 AM Secretary of State DOCUMENT # J05385 1. Entity Name TONY'S AUTO, INC. Principal Place of Business Mailing Address 4940 S. ORANGE AVE. 4940 S. ORANGE AVE. ORLANDO FL 32806 US ORLANDO FL 32806 2. Principal Place of Business Same As ABOVE 3. Mailing Address AS ABOVE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2685212 Not Applicat Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WONG-KEN, PHILIP A. Street Address (P.O. Box Number is Not Acceptable) 1742 KAMLER AV ORLANDO FL 32817 City 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 acceptable the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it approache (NOTE: Repistered Agent signatum required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SIBF DP ☐ Delete DIVE ☐ Change - 🔛 Addilla NAME U00000428394 WONG-KEN, PHILIP A. NAME STREET ADDRESS 02/21/06-80046-005 150.00 1742 KAMLER AV STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817 CITY-ST-ZIP 33T1 5 Defete TITLE Change ☐ Addis NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 717) F Delete 1IT? E Change ■ Adjii. NAME NAME STREET ADDRESS STREET ADDRESS CCTY-ST-702 CITY -ST-ZIP TITLE Delete TITLE Change ☐ Address NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CHTY-ST-ZIP A. "" TITLE ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Macca ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path, that I am an officer or direction of the corporation or the reference 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 attack from with an address, with all otherwise empowered.

Philip WeNG-KEN

SIGNATURE

FILED