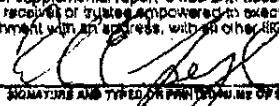


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # K09979 1. Entity Name ADVANCED AUTO REPAIR, INC.																																				
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Principal Place of Business 5020 NORTH GRADY AVE TAMPA, FL 33614 US </td> <td style="width: 50%; vertical-align: top;"> Mailing Address 5020 NORTH GRADY AVE TAMPA, FL 33614 US </td> </tr> </table>			Principal Place of Business 5020 NORTH GRADY AVE TAMPA, FL 33614 US	Mailing Address 5020 NORTH GRADY AVE TAMPA, FL 33614 US																																
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6. Name and Address of Current Registered Agent SPELTZ, TED E. 5020 N GRADY AVE TAMPA, FL 33614		4. FEI Number 59-2862564																																		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable																																		
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 relocating)																																				
<table style="width: 100%;"> <tr> <td style="width: 33%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </td> <td style="width: 33%;"> 9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees </td> <td style="width: 33%;"></td> </tr> </table>			FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																
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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 recipient of 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 IGA empowered.																																				
SIGNATURE: x  TED E. SPELTZ x4-27-05 813-875-5912 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																				

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