


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # K09979 1. Entity Name ADVANCED AUTO REPAIR, INC.	
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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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DO NOT WRITE IN THIS SPACE



04062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2862564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPELTZ, TED E.
5020 N GRADY AVE
TAMPA, FL 33614

**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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000891315
04/29/08-90016-030 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPELTZ, TED E. 5020 NORTH GRADY AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SPELTZ, TED E. 5020 NORTH GRADY AVE TAMPA, FL 33614
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IN THIS SPACE**

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: *[Signature]* **4-9-08** **813-875-5912**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #