

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90071 040 ***150.00

DOCUMENT # K44050

1. Entity Name
FAST LUBE, INC.



Principal Place of Business
**11098 SPRING HILL DRIVE
SPRING HILL, FL 34608**

Mailing Address
**11098 SPRING HILL DRIVE
SPRING HILL, FL 34608**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2944778

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIRSHY, GEORGE
11098 SPRING HILL DRIVE
SPRING HILL, FL 34608**

7. Name and Address of New Registered Agent

Name **Phyllis Kirshy**
Street Address (P.O. Box Number Is Not Acceptable)
5347 Slater Road
City **Spring Hill** FL Zip Code **34608**

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 **Phyllis S Kirshy, PTD** **Phyllis S Kirshy, PTD** **01-08-07**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	KIRSHY, GEORGE	
STREET ADDRESS	5347 SLATER RD	
CITY-ST-ZIP	SPRING HILL, FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ADJAN, LOUIS	
STREET ADDRESS	10052 TWELVE OAKS CT	
CITY-ST-ZIP	BROOKSVILLE, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRSHY, PHYLLIS	
STREET ADDRESS	5347 SLATER RD	
CITY-ST-ZIP	SPRING HILL, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADJAN, IRENE	
STREET ADDRESS	10052 TWELVE OAKS CT	
CITY-ST-ZIP	BROOKSVILLE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phyllis Kirshy	
STREET ADDRESS	5347 Slater Road	
CITY-ST-ZIP	Spring Hill FL 34608	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irene Adjan	
STREET ADDRESS	10052 Twelve Oaks Ct	
CITY-ST-ZIP	BROOKSVILLE, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Phyllis S Kirshy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-07
Date

Daytime Phone #