

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90486 037 ***150.00

DOCUMENT # K60403 1. Entity Name FORTE'S AUTO REPAIR, INC.					
Principal Place of Business % DOM W. FORTE 2552 20TH AVE N. ST. PETERSBURG, FL 33713			Mailing Address % DOM W. FORTE 2552 20TH AVE N. ST. PETERSBURG, FL 33713		
2. Principal Place of Business 11495-66 Street Suite, Apt. #, etc.		3. Mailing Address 11495-66 Street Suite, Apt. #, etc.		00010004 	
City & State Largo FL Zip 33773		City & State Largo FL Zip 33773		4. FEI Number 59-2922781	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORTE, DOM W. 2552 20TH AVE N. ST. PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11495-66 Street City Largo FL Zip Code 33773	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 4/25/06 <small>(NOTE: Registered Agent signature required when reappointing)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTE, DOM W. 2552 20TH AVE N. ST. PETERSBURG, FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D For te, Dom W. 11495-66 Street Largo, FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTE, CLIDE 2552 20TH AVE N. ST. PETERSBURG, FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D For te, Clide 11495-66 Street Largo FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Dom W. Forte</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/25/06 (727)544-6440 <small>Daytime Phone #</small>		