

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L39812

**Entity Name:** A+ AUTO SALES AND SERVICE, INC.

**FILED**  
**Mar 21, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

712 PINE ST.  
TAFT, FL 32824 US

**New Principal Place of Business:**

**Current Mailing Address:**

712 PINE ST.  
TAFT, FL 32824

**New Mailing Address:**

**FEI Number:** 59-2981348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PONTIUS, MAXIE  
712 PINE ST  
TAFT, FL 32824 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PONTIUS, MAXIE  
Address: 712 PINE ST.  
City-St-Zip: TAFT, FL 32824 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LOVE, PHIL  
Address: 712 PINE ST.  
City-St-Zip: TAFT, FL 32824 US

Title: VP ( ) Change (X) Addition  
Name: PONTIUS, MAXIE  
Address: 712 PINE ST.  
City-St-Zip: TAFT, FL 32824 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHIL LOVE

P

03/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date