2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L48934

1. Entity Name

CHUCK'S AUTO SERVICE & M.C. REPAIR INC.

Principal Place of Business	Mailing Address
1612 N. HARBOUR CITY BLVD. MELBOURNE FL 32935 US	1612 N. HARBOUR CITY BLVD. MELBOURNE FL 32935 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2988553 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EISENRING, CHARLES 3005 RANCH RD. W. MELBOURNE FL 32904	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 ac the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ A
NAME	EISENRING, CHARLES	NAME	
STREET ADDRESS	3005 RANCH RD.	STREET ADDRESS	100000463280
CITY-ST-ZIP	W. MELBOURNE FL 32904	CITY-ST-ZIP	03/21/06-80071-002 150.00
TITLE	D ☐ Delete	TITLE	☐ Change ☐ A
NAME	EISENRING, JAN J.	NAME	
STREET ADDRESS	3005 RANCH RD.	STREET ADDRESS	
CITY-ST-ZIP	W. MELBOURNE FL 32904	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ A
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ A
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ A
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informati 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 direc 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Eisenring 3-4-06 321-252-8