

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90048 035 ***150.00

DOCUMENT # L72415

1. Entity Name

J.R. CENTENO'S MOBILE AUTO REPAIR INC.



Principal Place of Business
336 GUNNEY ROAD
LEHIGH ACRES FL 33971

Mailing Address
336 GUNNEY ROAD
LEHIGH ACRES FL 33971



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

3. Mailing Address

507 Pennview Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lehigh Acres

City & State

City & State

FL

Zip

Country

Zip

Country

33936

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0194190

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

CENTENO, SILVANO J.R.
507 PENNVIEW AVE
LEHIGH ACRES FL 33936

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 accept 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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
CENTENO, CARMEN M.
507 PENNVIEW AVE
LEHIGH ACRES FL 33936 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CENTENO, SILVANO J.R.
507 PENNVIEW AVE
LEHIGH ACRES FL 33936 ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/07