

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M68122

FILED
May 01, 2007
Secretary of State

Entity Name: TOM WILSON AUTO REPAIR, INC.

Current Principal Place of Business:

5532 PALMER BLVD
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

5532 PALMER BLVD
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 65-0034521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOMMERS, TERRI W.
5532 PALMER BLVD
SARASOTA, FL 34232 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILSON, LILLY E.,
Address: 5823 CHELSEA CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: WILSON, THOMAS E., J, R
Address: 15710 TURIYA CREEK WAY
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: SOMMERS, TERRI W.,
Address: 131 LONGLEY DRIVE
City-St-Zip: PT. CHARLOTTE, FL 33954 US

Title: O () Delete
Name: WILSON, TIMOTHY W
Address: 17362 IAGO AVE
City-St-Zip: PT. CHARLOTTE, FL 33954

Title: O (X) Delete
Name: WILSON, THOMAS J
Address: 15710 TURIYA CREEK WAY
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TERRI W. SOMMERS

D

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date