## **2005 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

**DOCUMENT # N04000008446** 

## **FILED** Mar 03, 2005 8:00 am Secretary of State

03-03-2005 90173 016 \*\*\*\*70.00

1. Entity Nam THE CAR		R'S WORKSHOP O	F CRESTVIEW, I	NC.							
Principal Place of Business 541 NORTHERN DANCER DRIVE CRESTVIEW, FL 32539		Mailing Address 541 NORTHERN DANCER DRIVE CRESTVIEW, FL 32539				40025185					
2. Principal P	lace of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02182005	Chg-NP	CR2E	037 (10/03)	
City & State			City & State				4. FEI Numbe	167 6859	•	<u> </u>	plied For t Applicable
Zip	Zip Country			Zip Cou		5. Certificate of Status Desired \$8.75 Addition Fee Required					
	6. Name	and Address of Current F	Registered Agent			_	7. Name and	Address of New	Registered	d Agent	
LADCON	OL IECODI	D C DCV			Name			•			
LARSON, 541 NORT CRESTVIE	HERN DA	NCER DRIVE		S			O. Box Number	er is Not Acceptab	le)		
	•	,			- City			<del></del>		Zip Cod	e
					J,				F	L	
8. The above							-				
		ered agent.  Tor printed name of registered agent a	and title if applicable.	(NOTE: Register	ed Agent signature	e required v	when reinstating)		DATE	-	
the obligat	Signature, typed		9. Election	(NOTE: Register Campaign and Contribu	Financing _		when reinstating) \$5.00 May E Added to Fees	,	Make che	ck payable to	
the obligat	Signature, typed	or printed name of registered agent a	9. Election Trust Fu	Campaign'	Financing		\$5.00 May E Added to Fees	,	Make che orida Depa	ck payable to	tate
the obligat	Signature, typed	or printed name of registered agent a ne Ts \$61.25 flay 1, 2005	9. Election Trust Fu	Campaign	Financing Ition.		\$5.00 May E Added to Fees	Flo	Make che orida Depa	ck payable to	tate
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESLIE E ATKINSON DR

27 FEBOS