

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032424

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** TEAM AUTOMOTIVE REPAIRS, INC.

**Current Principal Place of Business:**

5429 NORMANDY BOULEVARD  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

5429 NORMANDY BOULEVARD  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 59-3671897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUELL, LINCOLN E  
5429 NORMANDY BOULEVARD  
JACKSONVILLE, FL 32205 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  
Name: BUELL, LINCOLN E  
Address: 5429 NORMANDY BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP  
Name: BUELL, KATHY T  
Address: 5429 NORMANDY BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32205

Title: S  
Name: LEAR, DONALD J  
Address: 2507 SUMMERFIELD LN.  
City-St-Zip: BALDWIN, FL 32234

I hereby 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 all other like empowered.

SIGNATURE: LINCOLN BUELL

P

04/12/2011

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

\_\_\_\_\_ Date