


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000039159
 1. Entity Name
CAS AUTOMOTIVE SERVICE, INC.



Principal Place of Business Mailing Address
1136B EAST FLETCHER AVENUE **1136B EAST FLETCHER AVENUE**
TAMPA, FL 33612 **TAMPA, FL 33612**

DO NOT WRITE IN THIS SPACE



04092006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3647296 (Not Applicable)

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

6. Name and Address of Current Registered Agent
SGROI, CAROLS A
6903 CLINTON WAY
WESLEY CHAPEL, FL 33544

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000001516852
 04/27/06-80040-016 150.00

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT SGROI, CARLOS A 6903 CLINTON WAY WESLEY CHAPEL, FL 33544 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SGROI, MARIA F 6903 CLINTON WAY WESLEY CHAPEL, FL 33544 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HUDGINS, LUCINDA 5815 NORTH 18TH STREET TAMPA, FL 33610 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or other like empowered.

SIGNATURE:  **CARLOS SgROI** 4/10/06 813-972-1092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #