## **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P00000060315** 

AUTÓ SPA OF WINTER PARK, INC.



**FILED** May 02, 2007 ( Secretary of

Principal Place of Business

Mailing Address

2050 W. FAIRBANKS AVENUE WINTER PARK, FL 32789

2050 W. FAIRBANKS AVENUE WINTER PARK, FL 32789



CR2E034 (11/05) 04272007 No Chg-P

4. FEI Number 59-3684572

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILMORE, GREGORY P 2050 W. FAIRBANKS AVENUE WINTER PARK, FL 32789

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|  |  |  | IN THIS STAGE                 |                                |   |
|--|--|--|-------------------------------|--------------------------------|---|
| 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<br>After May 1, 2007 Fee will be \$550.00  |  | Election Campaign Finance     Trust Fund Contribution. | cing                          | \$5.00 May Be<br>Added to Fees | U00000754132<br>05/22/07-80050-003 150.00 |
| 10.  | OFFICERS AND DIREC   | TORS   |                               |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>GILMORE, GREGORY P<br>2050 WEST FAIRBANKS AVE<br>WINTER PARK, FL 32789 |  |                               |                                |   |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP  |  |  |                               |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  | DO NOT WRITE<br>IN THIS SPACE |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                               |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                               |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                               |                                |   |
| 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 all other like empowered.

SIGNATURE:

GREGORY

Paumors