

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailed 2/16/05
FILED
APR 18, 2005 08:00 AM
Secretary of State
mailed 4/5/05
CK# 3135

DOCUMENT # P00000115520

1. Entity Name

WEST PARK AUTO REPAIR, INC.



Principal Place of Business
5 WEST PARK AVENUE
CHIEFLAND FL 32626

Mailing Address
P.O. BOX 392
CHIEFLAND FL 32644



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc

Suite, Apt. # etc

City & State

City & State

4. FEI Number 59-3686103

Applied For
Not Applied

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND STREET
MIAMI FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 of current registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when terminating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May
Trust Fund Contribution Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE

| | | | |
|---------|-----|--|---------------------------------|
| NAME | P | FUSCO, PETE J II | <input type="checkbox"/> Delete |
| ADDRESS | | 5 WEST PARK AVENUE CHIEFLAND FL 32626 | |
| NAME | SVD | FUSCO, MARY L | <input type="checkbox"/> Delete |
| ADDRESS | | 5 WEST PARK AVENUE CHIEFLAND FL 32626 | |
| NAME | | | <input type="checkbox"/> Delete |
| ADDRESS | | | |
| NAME | | | <input type="checkbox"/> Delete |
| ADDRESS | | | |
| NAME | | | <input type="checkbox"/> Delete |
| ADDRESS | | | |

| | | |
|---------|---------------------------|--|
| NAME | U00000292966 | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| ADDRESS | 04/08/05-80010-001 150.00 | |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| ADDRESS | | |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| ADDRESS | | |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| ADDRESS | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Mary Fusco* MARY FUSCO *Mary Fusco* 352-493-7...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR