2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 03, 2005 08:00 AM Secretary of State

DOCUMENT # P00000117955 1. Entity Name MIKES AUTO CENTER, INC.			Secretary of St			
Principal Plac 7606 W WAT TAMPA, FL	ERS AVE	ailing Address 1606 W WATERS AVE 1AMPA, FL 33615				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				04272005 4. FEI Numb 59-369	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
GIACCONE, MIKE 7606 W WATERS AVE TAMPA, FL 33615			DO NOT WRITE IN THIS SPACE			
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 diapplicable (NOTE Registered Agent agent and title diapplicable) DATE						
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution	ncing \$5.	.00 May Be led to Fees		
10. HITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	P GIACCONE, MIKE 7606 W WATERS AVE TAMPA, FL 33615	CTORS	-		U00000 05/04/05-	0959518 -80157-022 150.00
STREET ADDRESS CITY · ST · ZIP TITLE NAME STREET ADDRESS CITY · ST · ZIP					NOT W	
TITLE NAME STREET ADDRESS CITY ST ZIP TITLE			=	IN	THIS SF	PACE
NAME STREET ADDRESS CITY-ST-ZIP			-			
NAME STREET ADDRESS CITY - ST - ZIP					0 5 2	
of the cor	certify that the Information supplied with this f on this report or supplemental report is true i poration of the receiver or trustee empowere or on an attachment with an address, with all	d to execute this report as requi	emption stated in Setture shall have the ired by Chapter 607	7. Florida Statuti	es, and that my nam	Turther certify that the information oath; that I am an officer or director le appears in Block 10 or Block.11 if