# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2008**
**Secretary of State**

DOCUMENT# P01000010798

**Entity Name:** PRO AUTO REPAIR OF LABELLE INC.

**Current Principal Place of Business:**

49 N INDUSTRIAL LOOP
LABELLE, FL 33975

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2774
LABELLE, FL 33975

**New Mailing Address:**

**FEI Number: 65-1126147** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SCHEFFLER, LOIS
4052 S. EDGEWATER CIR.
LABELLE, FL 33935 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: SCHEFFLER, EDWARD
Address: 49 N. INDUSTRIAL LOOP
City-St-Zip: LABELLE, FL 33975

Title: D ( ) Delete
Name: SCHEFFLER, LOIS
Address: 4052 S. EDGEWATER
City-St-Zip: LABELLE, FL 33935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOIS SCHEFFLER D 04/29/2008

Electronic Signature of Signing Officer or Director Date