FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90470 031 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000023775

1. Entity Name
O.B.T. AUTO SERVICES, INC

60032570

Principal Place of Business	Mailing Address
1900 S. ORANGE BLOSSONS TRAIL ORLANDO, FL 32805	1900 S. ORANGE BLOSSONS TRAIL ORLANDO, FL 32805
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01272006 Chg-P CR2E034 (11/05)

4. FEI Number ~~(20-0208463)~~ 59-3704142 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEIRIAS, CESAR DA SILVA
1900 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

7. Name and Address of New Registered Agent

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

2429

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	VD LEIRIAS, CESAR DA SILVA 1900 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________________

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FTD ADDRESS CHANGE

An address change here changes your address on the FTD coupons only.

ew
ddress _____

_____

_____

ity _____

tate _____ Zip _____

Telephone Number ( ) _____

Do not write beyond this line

Form 8109-C (Rev. 12-2005)

Employer Identification Number (EIN) OMB No. 1545-0257

59-3704142 241912 3 0

0224-000485********MIXED AADC 166 07
O B T AUTO SERVICES INC
1900 S ORANGE BLOSSOM TRL
ORLANDO, FL 32805-4652

INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201

Send FTD Address Change and correspondence to the IRS address above.

ATTACHMENT
600328570
P0100093775