

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90062 038 \*\*\*150.00

**DOCUMENT # P01000060382**

1. Entity Name  
**MR. ED'S AUTO REPAIR CENTER, INC.**



Principal Place of Business  
**4038 NE 6TH AVENUE  
OAKLAND PARK, FL 33334**

Mailing Address  
**4038 NE 6TH AVENUE  
OAKLAND PARK, FL 33334**

2. Principal Place of Business  
**4057 NE 6th Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**4057 NE 6th Ave**  
Suite, Apt. #, etc.



02052005 Chg-P CR2E034 (10/03)

City & State  
**OAKLAND PARK, FL**  
Zip  
**33334** Country  
**BROWARD**

City & State  
**OAKLAND PARK, FL**  
Zip  
**33334** Country  
**BROWARD**

4. FEI Number  
**65-1113610** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEEKE, EDWARD C  
4038 NE 6 AVE  
OAKLAND PARK, FL 33334**

**7. Name and Address of New Registered Agent**

Name  
**Leeke, Edward C**  
Street Address (P.O. Box Number is Not Acceptable)  
**4057 NE 6th Ave**  
City  
**OAKLAND PARK FL** Zip Code  
**33334**

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 **X Edward C Leke** **Edward C. Leke** **President** **2/18/05**  
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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P LEEKE, EDWARD C** ☐ Delete  
**1931 NE 33RD AVE  
FT LAUDERDALE, FL 33305**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STVP LEEKE, KATHERINE** ☐ Delete  
**1931 NE 33RD AVE  
FT LAUDERDALE, FL 33305**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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: **X Edward C Leke** **2/18/05** **954-565-5227**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #