


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90500 041 \*\*\*150.00

DOCUMENT # P01000063102	
1. Entity Name HI TECH TRANSMISSION, AUTO & TRUCK REPAIRS, INC.	

Principal Place of Business 1006 PONELLA ROAD NORTH FT. MYERS, FL 33903	Mailing Address 1006 PONELLA ROAD NORTH FT. MYERS, FL 33903
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20053943



04202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1108315	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

CRIOLLO, MANUEL  
1420 SE 4TH ST  
CAPE CORAL, FL 33990

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRIOLLO, MANUEL J 1715 SE 8 AVE CAPE CORAL, FL 33900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRIOLLO, MANUEL N 137 SE 12 PL CAPE CORAL, FL 33900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CRIOLLO, MARIA 1715 SE 8 AVE CAPE CORAL, FL 33900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CRIOLLO, DOLORES 137 SE 12 PL CAPE CORAL, FL 33900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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