

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063102

FILED
Jan 10, 2006
Secretary of State

Entity Name: HI TECH TRANSMISSION, AUTO & TRUCK REPAIRS, INC.

Current Principal Place of Business:

1006 PONELLA ROAD
NORTH FT. MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

1006 PONELLA ROAD
NORTH FT. MYERS, FL 33903

New Mailing Address:

FEI Number: 65-1108315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: MANUEL J CRIOLLO

01/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CRIOLLO, MANUEL J
Address: 1715 SE 8 AVE
City-St-Zip: CAPE CORAL, FL 33900

Title: DV () Delete
Name: CRIOLLO, MANUEL N
Address: 137 SE 12 PL
City-St-Zip: CAPE CORAL, FL 33900

Title: DT () Delete
Name: CRIOLLO, MARIA
Address: 1715 SE 8 AVE
City-St-Zip: CAPE CORAL, FL 33900

Title: DS () Delete
Name: CRIOLLO, DOLORES
Address: 137 SE 12 PL
City-St-Zip: CAPE CORAL, FL 33900

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CRIOLLO, MANUEL J
Address: 1420 SE 4TH ST
City-St-Zip: CAPE CORAL, FL 33990

Title: DV (X) Change () Addition
Name: CRIOLLO, MANUEL N
Address: 137 SE 12TH PL
City-St-Zip: CAPE CORAL, FL 33990

Title: DT (X) Change () Addition
Name: CRIOLLO, MARIA
Address: 1420 SE 4TH ST
City-St-Zip: CAPE CORAL, FL 33990

Title: DS (X) Change () Addition
Name: CRIOLLO, DOLORES
Address: 137 SE 12TH PL
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the 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: MANUEL J CRIOLLO

DP

01/10/2006

Electronic Signature of Signing Officer or Director

Date