## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P01000073649 RICHIE'S AUTOMOTIVE REPAIR INC.



Principal Place of Business

Mailing Address

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			600 N CHARLESTON AVENUE FORT MEADE, FL 33841							
							<b>20</b> 11 (13) 13)( 13)( 1			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			02202007	Chg-P	CR2E034	1 (12/06)	
City & State		City & State			4. FEI Numbe			<u> </u>	plied For t Applicable	
Zip	Country	Zip Cour		rv				_	8.75 Add	, ,
<b>-</b> 'P	333		000	. ,		<ol><li>Certificate</li></ol>	of Status Desired		e Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
IENVING DICUADO				Name						
JENKINS, RICHARD 600 N CHARLESTON AVENUE FORT MEADE, FL 33841				Street Address (P.O. Box Number is Not Acceptable)						
FORT WEADE, FL 33041										
*				City		,,		FL	Zip Code	
	named entity submits this statement for	or the purpose of changing its	registere	ed office or re	registered	d agent, or bo	th, in the State of F	Torida. I am fa	niliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered	d Agent signature	e required w	hen reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Contr		cing	\$5.0 Added	May Be to Fees				
10.	OFFICERS AND DIRECTORS 11		11.			ADDITIONS	/CHANGES TO OF	FICERS AND D	PIRECTOR	3 IN 11
TITLE	DP	☐ Delete TIT							Change	☐ Addition
NAME	•		NAMI	l I						
STREET ADDRESS CITY-ST-ZIP	600 N CHARLESTON AVE FORT MEADE, FL 33841			et address - St-Zip						
TITLE	DVP	☐ Delete	TITLE						Change	Addition
NAME	JENKINS, RICHARD	□ Deitale	NAM					'		
STREET ADDRESS	FORT MEADE, FL 33841			ET ADDRESS						
CITY-ST-ZIP			_	-ST-ZIP						
TITLE		☐ Delete	TITLE					1	☐ Change	☐ Addition
NAME STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	CIT		CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE						Change	Addition
NAME			NAM	1						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	TITLE						Change	☐ Addition
NAME			NAM							_
STREET ADDRESS				et address						
CITY-ST-ZIP			_	-ST-ZIP						
TITLE		☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS			<b>I</b>	ET ADDRESS						

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 receive/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 a other like empowered.

**SIGNATURE** 

**FILED** Feb 26, 2007 8:00 am Secretary of State

02-26-2007 90048 005 \*\*\*150.00

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