


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000120469 1. Entity Name SHEELER AUTO REPAIR INC	
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Principal Place of Business 710 S ORANGE BLSM TRAIL APOPKA, FL 32703	Mailing Address 710 S ORANGE BLSM TRAIL APOPKA, FL 32703
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01312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 80-0022473	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  VERGOS, ODYSSEUS 1228 LAKE FRANCIS DRIVE APOPKA, FL 32712
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**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 reinstalling) DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000436632 02/28/06-80009-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERGOS, ODYSSEUS 1228 LAKE FRANCIS DR APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERGOS, DEMETRIOS 1204 LAKE FRANCIS DR APOPKA, FL 32712
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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:  **2-8-06** **407 880 578**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #