

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000122350

1. Entity Name
JOHNNY'S AUTO TRUCK REPAIR, INC.



Principal Place of Business
**12900 STARKEY ROAD
SUITE 47 & 48
LARGO, FL 33773**

Mailing Address
**12900 STARKEY ROAD
SUITE 47 & 48
LARGO, FL 33773**



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
30-0062012

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOPKINS, JOHN AARON
5061 RENA ST. N.
ST. PETERSBURG, FL 33709**

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000444036
03/06/06-80036-003 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME HOPKINS, JOHN AARON
STREET ADDRESS 5061 RENA ST. N.
CITY-ST-ZIP SAINT PETERSBURG, FL 33709

TITLE D
NAME HOPKINS, ESTON L
STREET ADDRESS 5061 RENA ST. N.
CITY-ST-ZIP SAINT PETERSBURG, FL 33709

TITLE D
NAME HOPKINS, JOHN-ADAM
STREET ADDRESS 5061 RENA ST. N.
CITY-ST-ZIP SAINT PETERSBURG, FL 33709

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #