

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90305 018 ***150.00

DOCUMENT # P02000015706	
1. Entry Name CERTIFIED ACTION AUTO REPAIR, INC.	

Principal Place of Business 3840 JOG ROAD GREENACRES, FL 33463	Mailing Address 3840 JOG ROAD GREENACRES, FL 33463
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50011933



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04062006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0551904

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name **CHRIS LINSIN BIGLER**

Street Address (P.O. Box Number is Not Acceptable)
3840 JOG ROAD

City **GREENACRES** FL Zip Code **33463**

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 **4-10-06**

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing — Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LINSIN BIGLER, CHRIS 3840 JOG ROAD GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ANDERSON, DOUG 3840 JOG ROAD GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or other like empowered.

SIGNATURE:  **4-10-06** **561-964**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5737

ATTACHMENT

5001933

P02000015706

JAMES J. DONOVAN, C.P.A., P.A.
3046 S. CONGRESS AVENUE
LAKE WORTH, FL 33461

PHONE: (561) 641-9550 FAX: (561) 641-4781

DEAR VALUED CLIENT: *CERTIFIED ACTION AUTO REPAIR INC.*

RE: THE STATE OF FLORIDA ANNUAL REPORT FOR 2006!
FILING INSTRUCTIONS:

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WE HAVE RECEIVED YOUR ANNUAL REPORT FORM AND HAVE ATTACHED IT. PLEASE FOLLOW THE INSTRUCTIONS LISTED BELOW.

1. REVIEW THE CURRENT MAILING ADDRESS AND THE PLACE OF BUSINESS. IF YOU NEED TO CHANGE THIS INFORMATION, PLEASE DO SO ONLINE.
2. DO NOT SIGN LINE #8 UNLESS YOU ARE CHANGING THE REGISTERED AGENT.
3. REVIEW LINE #10 FOR THE CURRENT OFFICERS REGISTERED WITH THE STATE. IF THEY NEED TO BE CHANGED DO SO ONLINE.
4. SIGN YOUR NAME ON LINE #12.
5. INCLUDE A CHECK FOR \$150.00 MADE PAYABLE TO THE "FLORIDA DEPARTMENT OF STATE".
6. PLEASE MAIL BY MAY 1, 2006 TO AVOID ANNUAL REPORT FEE INCREASE. ~~THE STATE WILL CHARGE AN ADDITIONAL~~ \$400.00 FOR ANY REPORTS FILED AFTER MAY 1, 2005 AND THE REPORT MAY BE SENT BACK TO YOU FOR RE-FILING WITH PROPER AMOUNT OF CHECK. THE DEADLINE IN THIS CASE WOULD BE JUNE 30, 2006.

N/A

WE HAVE CHECKED ONLINE AND THE ANNUAL BUSINESS REPORT HAS BEEN PROPERLY FILED.