## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Feb 08, 2005 08:00 AM Secretary of State

| DOCUMENT # P02000066832  1. Entity Name CAMPBELLS' AUTOMOTIVE REPAIR, INC.                                       |                                                                                                                                                                                       |                                                            |                       |                                                        | Secretary of Stat       |                      |                                                      |  |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------|--------------------------------------------------------|-------------------------|----------------------|------------------------------------------------------|--|
| 868 BLOUN                                                                                                        | ce of Business<br>TSTOWN HWY<br>EE, FL 32304                                                                                                                                          | Mailing Address<br>250 E. 6TH AVE<br>TALLAHASSEE, FL 32303 | <u> </u>              | 1 1111                                                 |                         |                      |                                                      |  |
|                                                                                                                  | ONOT WRITE                                                                                                                                                                            |                                                            | CE.                   | 010720<br>4. FEIN<br>82-                               |                         | CR2E034              |                                                      |  |
| 5. Name and Address of Current Registered Agent  CAMPBELL, SHANNON R  868 BLOUNTSTOWN HWY  TALLAHASSEE, FL 32304 |                                                                                                                                                                                       |                                                            |                       |                                                        | J NOT V                 |                      |                                                      |  |
| the obligation                                                                                                   | named entity submits this statement for the lions of registered agent.  Signature, typed or printed name of registered agent and inf                                                  |                                                            | nd Agent signature re | gistered agent, of guired when reinstated \$5.00 May B | U)                      | OATE                 | iliar with, and accept                               |  |
| After M                                                                                                          | ay 1, 2005 Fee will be \$550.00  OFFICERS AND DIRE                                                                                                                                    | Trust Fund Contribution.                                   |                       | Added to Fees                                          |                         | eranje kaju s        | San Perendika Linia                                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                            | PSD<br>CAMPBELL, SHANNON R<br>868 BLOUNTSTOWN HWY.<br>TALLAHASSEE, FL 32304                                                                                                           |                                                            |                       |                                                        |                         | noonate              | www.rajuitipineterir                                 |  |
| TITLE NAME STREET AODRESS CITY-ST-ZIP                                                                            |                                                                                                                                                                                       |                                                            |                       |                                                        | 02/08/05                | <del>-80066-</del> 0 | 15 150.00                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                   |                                                                                                                                                                                       | <del>an</del> e.                                           |                       |                                                        |                         | MITE                 |                                                      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                            |                                                                                                                                                                                       |                                                            |                       |                                                        | THS S                   |                      |                                                      |  |
| TITLE<br>Name<br>Street Address<br>City-St-Zip                                                                   |                                                                                                                                                                                       |                                                            |                       |                                                        |                         |                      | Francis of Colors                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS :<br>CITY-ST-ZIP                                                                 |                                                                                                                                                                                       |                                                            |                       |                                                        |                         |                      | 5050 \$5,4354 55 65 65 65 65 65 65 65 65 65 65 65 65 |  |
| ingicated:                                                                                                       | ertify that the information supplied with this fon this report or suppliemental report is true oration outle receiver or frustee empowers or on an alternment with an address, with a | and accurate and that my signat                            | iure shall have t     | itie same legal e                                      | iffect as if made under | oath, that I am a    | n Officer or director                                |  |