

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000091378</b>					
<b>1. Entity Name</b> BR'S AUTO RESTORATION & REPAIR, INC.					
<b>Principal Place of Business</b> 3737 S TUTTLE AVENUE SARASOTA, FL 34239			<b>Mailing Address</b> 3737 S TUTTLE AVENUE SARASOTA, FL 34239		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04112005    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 54-2087590				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MONVILLE, CAROL LYNN CPA 3737 S TUTTLE AVENUE SARASOTA, FL 34239			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>					
<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> P	<input type="checkbox"/> Delete				
<b>NAME</b> RIEDEL, BRAN					
<b>STREET ADDRESS</b> 3737 S TUTTLE AVENUE					
<b>CITY- ST- ZIP</b> SARASOTA, FL 34239					
<b>TITLE</b> 	<input type="checkbox"/> Delete				
<b>NAME</b> 					
<b>STREET ADDRESS</b> 					
<b>CITY- ST- ZIP</b> 					
<b>TITLE</b> 	<input type="checkbox"/> Delete				
<b>NAME</b> 					
<b>STREET ADDRESS</b> 					
<b>CITY- ST- ZIP</b> 					
<b>TITLE</b> 	<input type="checkbox"/> Delete				
<b>NAME</b> 					
<b>STREET ADDRESS</b> 					
<b>CITY- ST- ZIP</b> 					
<b>TITLE</b> 	<input type="checkbox"/> Delete				
<b>NAME</b> 					
<b>STREET ADDRESS</b> 					
<b>CITY- ST- ZIP</b> 					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1100000364083 05/06/05-80026-012 150.00					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) 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.</b>					
<b>SIGNATURE:</b> _____ <b>4/30/05</b> <b>741-924-1016</b> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					