


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000098472 1. Entity Name AL-ESTES AUTO INSPECTIONS, INC.	
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Principal Place of Business 3710 VILLAGE ESTATES PLACE TAMPA, FL 33618	Mailing Address 3710 VILLAGE ESTATES PLACE TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



07022006 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0529099	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

VAN KOWSKI, ALEXANDER E
3710 VILLAGE ESTATES PLACE
TAMPA, FL 33618

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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 Alexander E. Van Kowski [Signature] 7-1-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANKOWSKI, AL 3710 VILLAGE ESTATES PL TAMPA, FL 33608
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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: [Signature] 7-1-06 813-690-1187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #