

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90030 048 \*\*\*150.00

**DOCUMENT # P02000127626**

1. Entity Name  
**AUTOPLEX, INC.**



Principal Place of Business  
**1307 CENTRAL PARKWAY  
SANFORD, FL 32771 US**

Mailing Address  
**7850 LAKE DAWN DRIVE  
WINTER PARK, FL 32792 US**

**40011503**



2. Principal Place of Business  
**1255 Belle Avenue**  
Suite, Apt. #, etc.  
**# 152**  
City & State  
**Winter Springs, FL**  
Zip  
**32708** Country  
**U.S.**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

01142005 Chg-P CR2E034 (10/03)

4. FEI Number  
**22-3887831** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BURNS, BRENDAN M  
7850 LAKE DAWN DRIVE  
WINTER PARK, FL 32792**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

**2/1/05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PT	<input type="checkbox"/> Delete
NAME	BURNS, BRENDAN M	
STREET ADDRESS	7850 LAKE DAWN DRIVE	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, MICHAEL P	
STREET ADDRESS	1304 VIA VILLANOVA DRIVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/05**

Date

**407342-1991**

Daytime Phone #