


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90005 027 \*\*\*150.00

<b>DOCUMENT # P03000002126</b>	
1. Entity Name <b>AFFORDABLE AUTO &amp; A/C REPAIR OF TAMPA, INC.</b>	

Principal Place of Business <b>12724 N. FLORIDA AVE TAMPA, FL 33612</b>	Mailing Address <b>PO BOX 152779 TAMPA, FL 33684-2779</b>
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**50022174**

2. Principal Place of Business <b>12724 N. Florida Ave.</b>	3. Mailing Address <b>12724 N. Florida Ave.</b>
Suite, Apt. #, etc. <b>Tampa FL</b>	Suite, Apt. #, etc.



07062006 Chg-P CR2E034 (11/05)

City & State <b>Tampa FL</b>	City & State <b>Tampa FL</b>
Zip <b>33612</b>	Country <b>USA</b>

4. FEI Number <b>02-0664990</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SHAW, BILL M 550 N. REO STREET, SUITE 300 TAMPA, FL 33609-1013</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THERIOT, DOUG PO BOX 82772 TAMPA, FL 336842779 <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	D GLOGER, CARLA PO BOX 82772 TAMPA, FL 336842779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

**SIGNATURE:** Carla Gloger Carla Gloger 7/10/06 813 932 9643  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #