

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009361

FILED  
May 02, 2005  
Secretary of State

Entity Name: COMMUNITY AUTO REPAIR SERVICE INC

## Current Principal Place of Business:

4891 TROTT CIR.  
UNIT C&D  
NORTH PORT, FL 342873420

## New Principal Place of Business:

## Current Mailing Address:

3456 BRIANT ST  
NORTH PORT, FL 34287

## New Mailing Address:

4891 TROTT CIR.  
UNIT C & D  
NORTH PORT, FL 342873420

FEI Number: 30-0151421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANGDON, ALLEN E PHD.  
125 FIRST AVE.  
NOKOMIS, FL 342754242 US

## Name and Address of New Registered Agent:

BROWN, DEBRA L  
3456 BRIANT ST  
NORTH PORT, FL 34287 US

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.

SIGNATURE: DEBRA L BROWN

05/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BROWN, WALTER F  
Address: 3456 BRIANT ST.  
City-St-Zip: NORTH PORT, FL 34287

Title: DST ( ) Delete  
Name: BROWN, DEBRA L  
Address: 3456 BRIANT ST  
City-St-Zip: NORTH PORT, FL 34287

Title: S (X) Delete  
Name: BROWN, DEBRA L  
Address: 3456 BRIANT ST  
City-St-Zip: NORTH PORT, FL 34287

Title: T (X) Delete  
Name: BROWN, DEBRA L  
Address: 3456 BRIANT ST  
City-St-Zip: NORTH PORT, FL 34287

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA L BROWN

DST

05/02/2005

Electronic Signature of Signing Officer or Director

Date