

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000013065

**FILED**  
**Jul 21, 2005**  
**Secretary of State**

**Entity Name:** ALL ABOUT AUTOMOTIVE RECONDITIONING CORP.

**Current Principal Place of Business:**

3206 WEST TENNESSEE STREET  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

3206 WEST TENNESSEE STREET  
TALLAHASSEE, FL 32304

**New Mailing Address:**

P.O.BOX 1079  
TALLAHASSEE, FL 32302

**FEI Number:** 01-0769738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOHNSTON, BUDDY W  
1139 ALBRITTON DRIVE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

SUAREZ, HILDAMARIA  
P.O.BOX 1079  
TALLAHASSEE, FL 32302 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: HILDAMARIA SUAREZ

07/21/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P, ( ) Delete  
Name: JOHNSTON, BUDDY W  
Address: 1139 ALBRITTON DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP ( ) Delete  
Name: SUAREZ, HILDA MARIA  
Address: 106 S. WHETHERBINE WAY  
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P, (X) Change ( ) Addition  
Name: JOHNSTON, BUDDY W  
Address: P.O. BOX 1079  
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: T ( ) Change (X) Addition  
Name: SUAREZ, HILDAMARIA  
Address: 106 S. WHETHERBINE WAY  
City-St-Zip: TALLAHASSEE, FL 32301

Title: SEC ( ) Change (X) Addition  
Name: JOHNSTON, BUDDY W  
Address: P.O. BOX 1079  
City-St-Zip: TALLAHASSEE, FL 32302

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: BUDDY W. JOHNSTON

P

07/21/2005

Electronic Signature of Signing Officer or Director

Date