2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005
Secretary of State

DOCUMENT# P03000017682

Entity Name: F AND P AUTO CLINIC, INC.

Current Principal Place of Business:

1015 LOXAHATCHEE DRIVE
BAY 7
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1015 LOXAHATCHEE DRIVE
BAY 7
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 75-3099560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

DOUGLAS C MCVAY
619 N DIXIE HWY.
LAKE WORTH, FL 33460 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: DOUGLAS C MCVAY 08/15/2005
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: PTD ( ) Delete
Name: MENTOR, JUDE R
Address: 1015 LOXAHATCHEE DRIVE BAY 7
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SVD ( ) Delete
Name: BONHOMME, PHILIPPE J
Address: 1015 LOXAHATCHEE DRIVE BAY 7
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JUDE MENTOR PRES 08/15/2005
Electronic Signature of Signing Officer or Director Date