


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90045 032 ***150.00

DOCUMENT # P03000019032	
1. Entity Name AUTO PRO EQUIPMENT COMPANY	

Principal Place of Business 790 29TH STREET NW NAPLES, FL 34120	Mailing Address 790 29TH STREET NW NAPLES, FL 34120
---	---

40058693



2. Principal Place of Business - No P.O. Box # 2107 Sagebrush Circle	3. Mailing Address 2107 Sagebrush Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03232007 Chg-P CR2E034 (12/06)

City & State Naples, FL	City & State Naples, FL
Zip 34120	Zip 34120
Country	Country

4. FEI Number 82-0585304	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent SISCO, LISA BARBARA 790 29TH STREET NW NAPLES, FL 34120	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SISCO, LEONARD M <input type="checkbox"/> Delete 790 29TH STREET NW NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input type="checkbox"/> Delete SISCO, LEONARD M 790 29TH STREET NW NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete SISCO, LISA BARBARA 790 29TH STREET NW NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO <input checked="" type="checkbox"/> Delete SISCO, LISA BARBARA 790 29TH STREET NW NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **Leonard M. Sisco**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ **3-28-07** ✓ **239-633-6179**
Date Daytime Phone #