

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90026 018 \*\*\*150.00

DOCUMENT # P03000040839

1. Entity Name

A & D AUTOMOTIVE CENTER, INC.



Principal Place of Business  
1239 E KENNEDY BLVD  
TAMPA FL 33602

Mailing Address  
1239 E KENNEDY BLVD  
TAMPA FL 33602

2. Principal Place of Business

1127 E Twiggs St

Suite, Apt. #, etc.

3. Mailing Address

1127 E Twiggs St

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33602

Country

USA

City & State

Tampa FL

Zip

33602

Country

USA

4. FEI Number

57-1149021

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIMONTE, ANTHONY

~~1239 E KENNEDY BLVD~~  
~~TAMPA FL 33602~~

1127 E Twiggs St  
Tampa FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

*Anthony L. Bimonte*

(Signature, typed or printed name of registered agent and title if applicable)

*Anthony L. Bimonte*

(NOTE: Registered Agent signature required when reinstating)

2/7/05

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BIMONTE, ANTHONY	
STREET ADDRESS	<del>1239 E KENNEDY BLVD</del>	
CITY-ST-ZIP	<del>TAMPA FL 33602</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALOHAN, DONALD	
STREET ADDRESS	<del>1239 E KENNEDY BLVD</del>	
CITY-ST-ZIP	<del>TAMPA FL 33602</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1127 E Twiggs St	
STREET ADDRESS	Tampa FL 33602	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Anthony L. Bimonte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05

DATE

813-842-1487

Daytime Phone #