

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000069399

FILED
Mar 07, 2005
Secretary of State

Entity Name: AUTO CARRIER SERVICE & REPAIR, INC.

Current Principal Place of Business:

863 WASHBURN ROAD
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

863 WASHBURN ROAD
MELBOURNE, FL 32934

New Mailing Address:

P.O. BOX 120001
WEST MELBOURNE, FL 32912 US

FEI Number: 75-3120937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMMONS, JOHN M
2290 MICHIGAN STREET
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

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: JOHN M. SIMMONS

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: P () Delete
Name: LOGUE, THOMAS S
Address: 243 ABELLO ROAD
City-St-Zip: PALM BAY, FL 32909

Title: VP (X) Delete
Name: SHAW, ELWOOD B
Address: 7625 NORTHERN OAK STREET
City-St-Zip: MELBOURNE, FL 32904

Title: S (X) Delete
Name: SIMMONS, JOHN M
Address: 2290 MICHIGAN STREET
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMMONS, JOHN M
Address: 2290 MICHIGAN STREET
City-St-Zip: MELBOURNE, FL 32904

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: JOHN M. SIMMONS

Electronic Signature of Signing Officer or Director

PRES

03/07/2005

Date