

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000093420
1. Entity Name
SCOTTI'S AUTO REPAIR & SALES II, INC.



Principal Place of Business
2811 BEE RIDGE ROAD
SARASOTA, FL 34239 US

Mailing Address
2811 BEE RIDGE ROAD
SARASOTA, FL 34239 US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CHTAY, ESSAF
2811 BEE RIDGE ROAD
SARASOTA, FL 34239

FILED
05 MAY 27 PM 12:23
SECRET
TALLAHASSEE, FLORIDA
66018227

04022005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0177584

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHTAY, SALIM
STREET ADDRESS	2811 BEE RIDGE ROAD
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	VP
NAME	CHTAY, GAMAL
STREET ADDRESS	2811 BEE RIDGE ROAD
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	SEC
NAME	CHTAY, ESSAF
STREET ADDRESS	2811 BEE RIDGE ROAD
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

700050646247
04/13/05--01006--019 **150.00

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IN THIS SPACE**

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: ESSAF CHTAY 5/18/05 (941)924-5885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #