


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000093420 1. Entity Name SCOTT'S AUTO REPAIR & SALES II, INC.	
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Principal Place of Business 2811 BEE RIDGE ROAD SARASOTA, FL 34239 US	Mailing Address 2811 BEE RIDGE ROAD SARASOTA, FL 34239 US
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**DO NOT WRITE IN THIS SPACE**



03042006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0177584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

**DO NOT WRITE 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

U00000464938  
04/12/06-80064-002 150.00

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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:  3/27/06 (941) 924-5885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #