2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2007 8:00 am Secretary of State

DOCUMENT # P03000123262 1. Entity Name REY'S AUTO REPAIR & SERVICE, INC.					02-07-2007 90030 007 ***150.00			
NET 5 AC	TO REPAIR & SERVICE, IN	ю.						
Principal Plac	e of Business	Mailing Address	,					
721 HARDLA	ND CT	~ 721 HARDLAND CT		400	10120			
KISSIMMEE, FL 34758 KISSIMMEE, FL 34758				1.00	TOTER			
						ENE STOLE TINCO INCO ETGIN DILAT ILI		
Principal Place of Business - No P.O. Box # 3. Mailing Address								
3233 HULRAY HILL LOOP 3233 MURRAL			RAY HIL	100p	. SEISE 1911 4619 4411 66	iei neis ness inis liais ania ir	E1861 15 (58)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.)	01242007	Chg-P	CR2E034 (12/06)		
City & State	e	City & State		4. FEI Numb	er		oplied For	
	muce, Florida	KISSIMME	e TIOL	CA 27-007		<u> </u>	ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 Add		
347	6. Name and Address of Current R	34758	OSCEDI			Fee Require	ed	
V. Hame and Address of Carrett (Vegletered Agent				7. Name and Address of New Registered Agent Name				
CRUZ, REY N								
721 HARDLAND CT KISSIMMEE, FL 34758				Street Address (P.O. Box Number is Not Acceptable)				
NISSIMIMEE, PL 34730			323	3233 MURRAY HILL LOOP				
			City	<u>, , , , , , , , , , , , , , , , , , , </u>	9779 111	Zip Coo	ie	
				Kissimm	ee		758	
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.								
Seally 1/								
SIGNATURE.	Signatury typed or printed name of registered agent an	d title if applicable. (NOTE	E: Registered Agent signa	ture required when reinstating)	<u></u>	OFTE /		
	E NOW!!! FEE IS \$150.00	9. Election Campai n Trust Fund Conti		\$5.00 May Be Added to Fees				
ATTOLING	ay 1, 2007 Fee will be \$550.00	J Hast Fond Conti		Added to Fees				
10.	OFFICERS AND D		11.	ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11	
TITLE NAME	PSTD CRUZ REYNALDO	☐ Delete	TITLE			Change	Addition	
STREET ADDRESS	721 HARDLAND CT		name Street address	2227 1128	ear Hill	Loop		
CITY-ST-ZIP	KISSIMMEE, FL 34758		CITY-S1-ZIP	KISSI MMI	FIDA	10A 3475	P	
TITLE		☐ Delete	TITLE	777-37	7 1 12.	☐ Change	Addition	
NAME	4 -		NAME					
STREET ADDRESS CATY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE			-					
NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	Helmhara		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		, <u> </u>	Change	Addition	
NAME			NAME			c.c.igs		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE			Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS					
C/TY-ST-ZIP			CITY-ST-ZIP					
12. hereby 0	certify that the information supplied with the	his filing does not qualify for	r the exemptions of	contained in Chapter 119	, Florida Statutes, I	further certify that the in	nformation	
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.								

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR