## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # P03000124643

1. Entity Name EDDIE'S AUTO REPAIR INC.



Principal Place of Business

SIGNATURE:

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** Apr 06, 2007 08:00 Al Secretary of State

*727-831-7874* 

4001- 61H S ST. PETERSE	ST. S BURG, FL 33705		 		] )  <b>                                   </b>	8/11/2		
· ·			01052007	No Chg-P	CR2E034 (11			
D	OO NOT WRITE I	N THIS SPA	THIS SPACE		FEI Number     71-0962018      Certificate of Status Desired		Applied For Not Applicable  \$8.75 Additional	
	6. Name and Address of Current Reg		J. Certinoate C		Fee R	equired		
PUPO, WILLIAM L 2659- GRANADA CIR. E ST. PETERSBURG, FL 33712			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  Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating)  DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	ncing \$5.	.00 May Be ed to Fees					
10.	OFFICERS AND DIRE	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUPO, WILLIAM L 2659 - GRANADA CIR E ST. PETERSBURG, FL 33712					000692566 07-80005		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			31.	DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	'HIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,						
12. Thereby 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.								