2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90092 039 ***158.75

DOCUMENT # P03000130409

1. Entity Name
MY LITTLE AUTO SHOP, INC.

Principal Place of Business	Mailing Address
1029 BLANDING BLVD., SUITE 701 ORANGE PARK, FL 32065	1029 BLANDING BLVD., SUITE 701 ORANGE PARK, FL 32065

03292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2787 Blanding BLVD	2787 Blanding BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Middleburg, FL	City & State: Middleburg Florida
Zip: 32068 Country: US	Zip: 32068 Country: US

4. FEI Number: 20-0386436 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GALLOWAY, WILLIAM 1029 BLANDING BLVD., SUITE 701 ORANGE PARK, FL 32065	Name: Galloway, William Street Address (P.O. Box Number is Not Acceptable): 2787 Blanding Blvd City: Middleburg FL Zip Code: 32068

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: William Galloway William Galloway 4 April 2005
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GALLOWAY, WILLIAM 2908 TUSCARORA TRAIL MIDDLEBURG, FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SEABOLT, CHRISTOPHER R 2908 TUSCARORA TRAIL MIDDLEBURG, FL 32068	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PRENTICE, JASON C. 7212 BEEKMAN LAKE DR. JACKSONVILLE, FL. 32222	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GALLOWAY, JOLYNN 2908 TUSCARORA TRAIL MIDDLEBURG, FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

(904) 282-3116

SIGNATURE: William Galloway William Galloway 4 April 2005
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR Date Daytime Phone #