2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P04000004538 SERIO'S AUTO & TRUCK REPAIR, INC.

Principal Place of Business

1188 ENTERPRISE DR PORT CHARLOTTE, FL 33953 Mailing Address

1188 ENTERPRISE DR PORT CHARLOTTE, FL 33953

FILED Jan 21, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

01172005	No Chg-P	CR2E034 (10/03)		
4. FEI Number			Applied For	
20-0291802		[Not Applicable	
		00.75		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

OAKS, DAVID K ESQ. DO NOT WRITE DAVID K. OAKS, P.A. 407 E MARION AVE STE 101 IN THIS SPACE PUNTA GORDA, FL 33950

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	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	If applicable (NOTE, Registered	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	ÖFFIÇERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SERIO, KENNETH 1188 ENTERPRISE DR PORT CHARLOTTE, FL 33953				U00000189252 01/24/05-80088-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SERIO, PATRICIA 1188 ENTERPRISE DR PORT CHARLOTTE, FL 33953				
TITLE NAME STREET ADDRESS CITY - ST - ZIP			S 1. W.—. 1	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP				- 34 <u>. 3333 (17.43) (3333</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

I hereby certify that the information supplied with this filling 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: