


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

3. **FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90063 038 \*\*\*150.00

<b>DOCUMENT # P04000004538</b>			
1. Entity Name <b>SERIO'S AUTO &amp; TRUCK REPAIR, INC.</b>			
Principal Place of Business <b>1188 ENTERPRISE DR PORT CHARLOTTE, FL 33953</b>		Mailing Address <b>1188 ENTERPRISE DR PORT CHARLOTTE, FL 33953</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>OAKS, DAVID K ESQ. DAVID K OAKS P.A. 407 E MARION AVE STE 104 PUNTA GORDA, FL 33950</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u>Pat Serio</u> SECRETARY <u>Pat Serio</u> DATE <u>3/15/08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DP SERIO, KENNETH <input type="checkbox"/> Delete 1188 ENTERPRISE DR PORT CHARLOTTE, FL 33953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SERIO, PATRICIA <input type="checkbox"/> Delete 1188 ENTERPRISE DR PORT CHARLOTTE, FL 33953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Pat Serio</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/20/08</u> 941-743-0849 <small>Daytime Phone #</small>	

66004965



02282008 Chg-P CR2E034 (12/06)

4. FEI Number 20-0291002 20-0531802 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required



Department of the Treasury  
Internal Revenue Service  
Cincinnati, OH 45299

ATTACHMENT

66004965  
#909000004538

In reply refer to: 0242655531  
Feb 20, 2008 LTR 147C  
20-0931802

SERIOS AUTO & TRUCK REPAIR INC  
1188 ENTERPRISE DR  
PORT CHARLOTTE FL 33953-3882 998

Taxpayer Identification Number: 20-0931802

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of February 20th, 2008.

Your Employer Identification Number (EIN) is 20-0931802. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Joseph T. Holmes  
17-50893  
Customer Service Representative