## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P04000017654 1. Entity Name 03-18-2005 90075 032 \*\*\*150.00 ADVANCED AUTOMOTIVE REPAIR GROUP, INC. Principal Place of Business Mailing Address 425 RICHARD ROAD 425 RICHARD ROAD MILL ET 2 19 2 35 25 ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc 02172005 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 51-0497045 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUNDIN, GLENN T 355 SOUTH PLUMOSA STREET, SUITE A Street Address (P.O. Box Number is Not Acceptable) MERRITT ISLAND, FL 32952 City 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. (MOTE: Registered Agent signature required when reinstating) ASTATA FOR STANDARD TO BE AND ADTECTS ASTATED TO STANDARD TO STAN SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \*: FiLE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MLE Delete ☐ Addition ☐ Channe NAME . " WEIBERT, JAMES J. Je John Color NAME STREET ADDRESS 847 WOODBINE DRIVE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32952 CITY-ST-ZIP TITLE ☐ Delete TIME Change ☐ Addition WEIBERT, SUSAN M NAME STREET ADDRESS 847 WOODBINE DRIVE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32952 CITY-ST-7IP ☐ Delete TITLE ☐ Channe Addition RUSSELL, RICHARD W NAME NAME 952 BOLTON LANE STREET ADDRESS STREET ADDRESS ROCKLEDGE, FL 32955 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE ☐ Change ☐ Addition RUSSELL, CHERYL L STREET ADDRESS 952 BOLTON LANE STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition ALAME NAME STREET ADDRESS STREET ADDRESS CFTY-ST-ZIP 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 reduct as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered. JAMES J. WEIBERT 2/28/05 SIGNATURE:

FILED

Mar 18, 2005 8:00 am