


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/2/2005-90493-032-\$150.00-\$150.00

DOCUMENT # P04000025106			
1. Entity Name BREEDEN'S AUTO REPAIR INC.			
Principal Place of Business 1340 SW 6TH AVE OCALA, FL 34474		Mailing Address 1340 SW 6TH AVE OCALA, FL 34474	
2. Principal Place of Business		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 BREEDEN, JOSEPH F 1340 SW 6TH AVE OCALA, FL 34474		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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>Joseph Breuden</u> (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVST BREEDEN, JOSEPH F 1340 SW 6TH AVE OCALA, FL 34474 <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	D BREEDEN, JOSEPH F 1340 SW 6TH AVE OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <u>Joseph Breuden</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/29/05 (352) 732-0015 Date (City/State Phone #)	

FILED

05 JUN 10 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292005 Chg-P CR2E034 (10/03)

4. FEI Number **45-0535850** Applied For
Not Applicable

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