2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000025106

1. Entity Name

BREEDEN'S AUTO REPAIR INC.

Principal Place of Business	Mailing Address
1340 SW 6TH AVE	1340 SW 6TH AVE
OCALA, FL 34474	OCALA, FL 34474

DO NOT WRITE IN THIS SPACE

01102006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
45-0535850	Not Applicable

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

6. Name and Address of Current Registered Agent

BREEDEN, JOSEPH F
1340 SW 6TH AVE
OCALA, FL 34474

DO NOT WRITE IN THIS SPACE

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 X _Joseph Breeden_

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000386685
01/18/06-80009-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	BREEDEN, JOSEPH F
STREET ADDRESS	1340 SW 6TH AVE
CITY-ST-ZIP	OCALA, FL 34474

TITLE	D
NAME	BREEDEN, JOSEPH F
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X _Joseph Breeden_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #