


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90143 047 ***150.00

DOCUMENT # **P04000029912**

1. Entity Name
MISSIONS AUTOMOTIVE SERVICE AND REPAIR INC.



Principal Place of Business Mailing Address

1029 BLANDING BLVD #703 1029 BLANDING BLVD #703
 ORANGE PARK FL 32065 ORANGE PARK FL 32065
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1280-D Blanding Blvd *1280-D Blanding Blvd*

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State

ORANGE PARK *FL*

Zip Country Zip Country

32065 *USA* *32065* *USA*

4. FEI Number Applied For

65-1222581 Not Applicable

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

6. Name and Address of Current Registered Agent

BEIZE, HEATHER S
2377 BROOM CT
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent

Name *Heather BAIZE*

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 *Heather Baize* DATE *3-20-07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	BAIZE, ROBERT T	2377 BROOM CT	MIDDLEBURG FL 32068	<input type="checkbox"/>
T	BAIZE, HEATHER S	2377 BROOM CT	MIDDLEBURG FL 32068	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Heather Baize* DATE: *3/20/07* DAYTIME PHONE #: *9042725400*

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