2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# P04000042953

Entity Name: A PLUS AUTO CARE OF SAINT AUGUSTINE, INC

Current Principal Place of Business:

215 STATE RD. 16
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

215 STATE RD. 16
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 20-0773099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARRISH, PAMELA E
125 WEERTS RD
SAN MATEO, FL 32187 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: PARRISH, PAMELA E
Address: 125 WEERTS RD
City-St-Zip: SAN MATEO, FL 32187

Title: VSD ( ) Delete
Name: PARRISH, JESSE E
Address: 125 WEERTS RD
City-St-Zip: SAN MATEO, FL 32187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA PARRISH PDT 04/12/2006

Electronic Signature of Signing Officer or Director Date