

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000054817

1. Entity Name
AUTO'S BEST, INC.



Principal Place of Business
**1845 OAKMONT AVE
SUITE 1
TARPON SPRINGS, FL 34689**

Mailing Address
**1845 OAKMONT AVE
SUITE 1
TARPON SPRINGS, FL 34689**



03102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0938395

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORTES, JOSE O
2719 11TH CT.
PALM HARBOR, FL 34684**

**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

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**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
CORTES, JOSE O
STREET ADDRESS
2719 11TH CT.
CITY-ST-ZIP
PALM HARBOR, FL 34684

TITLE
VP
NAME
CORTES, JEANETTE
STREET ADDRESS
2719 11TH CT.
CITY-ST-ZIP
PALM HARBOR, FL 34684

TITLE
SEC
NAME
CORTES, JEANETTE
STREET ADDRESS
2719 11TH CT.
CITY-ST-ZIP
PALM HARBOR, FL 34684

TITLE
TRES
NAME
CORTES, JOSE O
STREET ADDRESS
2719 11TH CT.
CITY-ST-ZIP
PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/16/06-80029-007. 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-2506 727-2598124

Date

Daytime Phone #