


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90033 035 ***150.00

DOCUMENT # P04000068439 1. Entity Name A + TRANSMISSION & AUTOMOTIVE SERVICE INC.:-																													
Principal Place of Business 333 EAST Highbanks Road SUITE 21 DEBARY FL 32713 US			Mailing Address 333 EAST Highbanks Road SUITE 21 DEBARY FL 32713 US																										
2. Principal Place of Business 333 E. Highbanks Rd			3. Mailing Address Sted																										
Suite, Apt. #, etc. 333 E. Highbanks Rd Ste D			Suite, Apt. #, etc. Sted																										
City & State Sted			City & State Sted																										
Zip 32713		Country US		4. FEI Number 20-1050025																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent PLUFF, TINA M 333 EAST Highbanks Road SUITE 21 DEBARY FL 32713			7. Name and Address of New Registered Agent Name Sted Street Address (P.O. Box Number is Not Acceptable) Sted 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 Tina Pluff Tina Pluff 3/25/05 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">P, VP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PLUFF, TINA M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>333 EAST Highbanks Road, SUITE 21</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEBARY FL 32713</td> <td></td> </tr> </table>			TITLE	P, VP	<input type="checkbox"/> Delete	NAME	PLUFF, TINA M		STREET ADDRESS	333 EAST Highbanks Road, SUITE 21		CITY-ST-ZIP	DEBARY FL 32713		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">Pluff, Tina</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Sted</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Pluff, Tina	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Sted		STREET ADDRESS			CITY-ST-ZIP		
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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: Tina Pluff Tina Pluff 3/25/05 3866688169 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													