2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2006 08:00 AN **DOCUMENT # P04000087989 Secretary of State** C & S AUTO REPAIR OF MILTON, INC Principal Place of Business Mailing Address 6407 METZ ROAD 6407 METZ ROAD MILTON, FL 32570 MILTON, FL 32570 US CR2E034 (11/05) 01062006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0554982 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUBJECT, DONALD DO NOT WRITE 6407 METZ ROAD MILTON, FL 32570 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 \$5.00 May Be 9. Election Campaign Financing 02/08/06-80633-022 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPT TITLE SUBJECT, DONALD NAME STREET ADDRESS 6407 METZ ROAD MILTON, FL 32570 CITY-ST-ZIP TITLE **DVPS** COCHRAN, WILLIAM R NAME 6407 METZ ROAD STREET ADDRESS CITY-ST-ZIP MILTON, FL 32570 TITLE COCHRAN, DEBBIE NAME STREET ADDRESS 6407 METZ ROAD DO NOT WRITE CITY-ST-ZIP MILTON, FL 32570 IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 atta

TITLE NAME STREET ADDRESS CITY-ST-ZIP