

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000087989

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** C & S AUTO REPAIR OF MILTON, INC

**Current Principal Place of Business:**

6407 METZ ROAD  
MILTON, FL 32570 US

**New Principal Place of Business:**

**Current Mailing Address:**

6407 METZ ROAD  
MILTON, FL 32570 US

**New Mailing Address:**

**FEI Number:** 01-0554982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUBJECT, DONALD  
6407 METZ ROAD  
MILTON, FL 32570 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

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: SUBJECT, DONALD  
Address: 6407 METZ ROAD  
City-St-Zip: MILTON, FL 32570 US

Title: DVPS  
Name: COCHRAN, WILLIAM R  
Address: 6407 METZ ROAD  
City-St-Zip: MILTON, FL 32570 US

Title: D  
Name: COCHRAN, DEBBIE  
Address: 6407 METZ ROAD  
City-St-Zip: MILTON, FL 32570 US

I hereby 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 all other like empowered.

SIGNATURE: DONALD SUBJECT

DPT

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date