## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000093835

Entity Name: AUTO SCAN, INC.

FILED Feb 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 4002 W WATERS AVE
 6990 STATE RD 60 WEST

 TAMPA, FL 33614
 MULBERRY, FL 33860

Current Mailing Address: New Mailing Address:

P.O. BOX 48571 6990 STATE RD 60 WEST TAMPA, FL 33647 MULBERRY, FL 33860

FEI Number: 20-1258892 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SOTO BARRETO, ONITSCEL
4002 W WATERS AVE
TAMPA, FL 33614 US
SOTO BARRETO, ONITSCEL
6990 STATE RD 60 WEST
MULBERRY, FL 33860 US

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: ONISTCEL SOTO BARRETO 02/25/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition SOTO BARRETO, ONITSCEL SOTO BARRETO, ONITSCEL Name: Name: P.O. BOX 48571 6990 STATE RD 60 WEST Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: MULBERRY, FL 33860

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 RIVERA CABAN, MARLENE
 Name:
 RIVERA CABAN, MARLENE

 Address:
 P.O. BOX 48571
 Address:
 6990 STATE RD 60 WEST

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:
 MULBERRY, FL 33860

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARLENE RIVERA CABAN VP 02/25/2005