FILED
Aug 09, 2005 8:00 am
Secretary of State
05-02-2005 90498 032 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000104462

1. Entity Name
BRUCE SKINNER'S AUTO, INC.

66025642

Principal Place of Business	Mailing Address
5412 PROVOST DRIVE, UNIT #16 HOLIDAY, FL 34691	5412 PROVOST DRIVE, UNIT #16 HOLIDAY, FL 34691

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3053 Grand Blvd	3053 Grand Blvd
Suite, Apt. # etc.: St E Bldg #1	Suite, Apt. # etc.: Suite E Bldg #1
City & State: Holiday FL	City & State: Holiday FL
Zip: 34690 Country: Pasco	Zip: 34690 Country: Pasco

4. FEI Number: 20-3223099 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SKINNER, BRUCE
5412 PROVOST DRIVE, UNIT #16
HOLIDAY, FL 34691

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 ____________________
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPVP SKINNER, BRUCE 5412 PROVOST DRIVE, UNIT #16 HOLIDAY, FL 34691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4-28-05
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #