

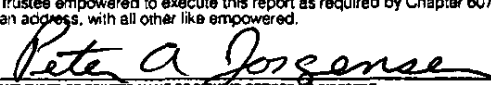


FILED
Sep 12, 2005 8:00 am
Secretary of State

07-19-2005 90039 027 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000122668			
1. Entity Name AUTO DOCTOR OF BRADENTON INC			
Principal Place of Business 4443 30TH STREET WEST BRADENTON, FL 34207 US		Mailing Address 4443 30TH STREET WEST BRADENTON, FL 34207 US	
2. Principal Place of Business 4443 30th St West		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bradenton FL		City & State	
Zip 34207		Country Minnato	
4. FEI Number 20-1453158		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JORGENSEN, ANNA E 9833 SUCIA CIRCLE PARRISH, FL 34207		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:  DATE: 7/12/05 (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: JORGENSEN, ANNA E STREET ADDRESS: 9833 SUCIA CIRCLE CITY-ST-ZIP: PARRISH, FL 34219 <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: JORGENSEN, PETER A STREET ADDRESS: 4443 30TH ST WEST CITY-ST-ZIP: BRADENTON, FL 34207 <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 7/28/05 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR			

Received 8/22/05

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