


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90277 005 ***150.00

DOCUMENT # P04000122788 1. Entity Name A+ HIGHTECH AUTO, INC.																															
Principal Place of Business 597 E LOGAN DR LONGWOOD, FL 32750		Mailing Address 597 E LOGAN DR LONGWOOD, FL 32750																													
2. Principal Place of Business Suite, Apt. #, etc. 718 Commerce Cir.		3. Mailing Address Suite, Apt. #, etc. 718 Commerce Circle																													
City & State Longwood FL		City & State Longwood FL																													
Zip 32750		Zip 32750																													
Country USA		Country USA																													
4. FEI Number 20-1553953		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent SPRINGHART, JEREMY T 597 E LOGAN DR LONGWOOD, FL 32750		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-26-05 Daytime Phone # 407 830 7074																													