

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90025 031 ***150.00

DOCUMENT # P04000145381 1. Entity Name ARGON AUTO FORENSICS, INC.					
Principal Place of Business 1331 GREEN FOREST COURT SUITE 24 WINTER GARDEN, FL 34787			Mailing Address 1331 GREEN FOREST COURT SUITE 24 WINTER GARDEN, FL 34787		
2. Principal Place of Business - No P.O. Box # 1000 JEATER BEND		3. Mailing Address 1000 JEATER BEND			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State CELEBRATION, FL		City & State CELEBRATION, FL		4. FEI Number 20-1769159	
Zip 34747		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, E. LEE II 1331 GREEN FOREST COURT SUITE 24 WINTER GARDEN, FL 34787			7. Name and Address of New Registered Agent Name E. LEE CLARK, II Street Address (P.O. Box Number is Not Acceptable) 513 MIRASOL CIRCLE #203 City CELEBRATION FL Zip Code 34747		
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 (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D CLARK, E. LEE II 1331 GREEN FOREST COURT SUITE 24 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 513 MIRASOL CIRCLE #203 CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, ROYCE B 1331 GREEN FOREST COURT SUITE 24 WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 JEATER BEND CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, ERNEST L PO BOX 6965 DOTHAN, AL 36302	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24 THE BOULEVARD #311 ST. LOUIS, MO 63117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ✓ 2-1-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					