

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 25, 2008 08:00 AM
Secretary of State**

DOCUMENT # P04000148616

1. Entity Name
PACHECO'S AUTO SERVICE, INC.



Principal Place of Business
**1848 EMERSON ST
JACKSONVILLE, FL 32207**

Mailing Address
**7214 COLIGNY RD
JACKSONVILLE, FL 32217**



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0772842

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PACHECO, WALTER
7214 COLIGNY RD
JACKSONVILLE, FL 32217**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000839433
03/06/08-80008-004 150.00

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
PACHECO, WALTER
STREET ADDRESS
3820 GALICIA RD
CITY-ST-ZIP
JACKSONVILLE, FL 32217

TITLE
V
NAME
PACHECO, WESLEY
STREET ADDRESS
5166 LOSCO RD
CITY-ST-ZIP
JACKSONVILLE, FL 32257

TITLE
T
NAME
PACHECO, CYNTHIA
STREET ADDRESS
7214 COLIGNY RD
CITY-ST-ZIP
JACKSONVILLE, FL 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* **Walter Pacheco President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-08

Date

904-704-9525

Daytime Phone #