

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90123 027 \*\*\*150.00

**DOCUMENT # P04000166870**

1. Entity Name

LOUIE'S MOBILE AUTO REPAIR, INC.



Principal Place of Business

602 LUNA CT  
JACKSONVILLE FL 32205

Mailing Address

602 LUNA CT  
JACKSONVILLE FL 32205

2. Principal Place of Business

2238 Lake Shore Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2238 Lake Shore Blvd.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Jacksonville, Florida

Zip

32210

Country

Duval

City & State

Jacksonville, Florida

Zip

32210

Country

Duval

4. FEI Number

06-1737372

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GANAS, LOUIE  
602 LUNA CT  
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name

Louie's Mobile Auto Repair

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

2238 Lake Shore Blvd.

City

JACKSONVILLE

FL

Zip Code

32210

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

*Louie Ganas* LOUIE GANAS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

APRIL 5, 05

DATE

**FILE NOW!!! - FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME GANAS, LOUIE  
STREET ADDRESS 602 LUNA CT  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE T ☐ Delete  
NAME BENNETT, ERIC  
STREET ADDRESS 3675 BRAMBLE RD  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 *Louie Ganas* LOUIE GANAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 5, 05 904 5355549

Date

Daytime Phone #