## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an

SIGNATURE:

ant with

NATURE AND TYPED OR

all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytono Phone #

## FILED May 01, 2006 08:00 AN Secretary of State DOCUMENT # P04000168170 AUTO SOLUTIONS OF OCALA, INC. Principal Place of Business Mailing Address 213 SW 10TH STREET 218 SW 10TH STREET OCALA FL 34474 OCALA FL 34474 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 20-1996350 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATTON, DORIAN E III Street Address (P.O. Box Number is Not Acceptable) 130 SW 72ND PLACE OCALA FL 34476 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addib. -TITLE ☐ Delete U00000549146 NAME NAME PATTON, DORIAN E III 05/13/06-80007-015 150.00 STREET ADDRESS STREET ADDRESS 130 SW 72ND PLACE CITY - ST - ZIP CITY-ST-ZIP OCALA FL 34476 VΡ ☐ Delete ☐ Change Additia THE TITLE MANE BUTLER, WESLEY J MAME STREET ADDRESS STREET ADDRESS 1021 SE 28TH STREET CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34471** Delete . \_ . \_ 🔲 ბტმნი THE 31(4) NAME KASPER, KELLY STREET ADDRESS STREET ADDRESS 2141 NE 9TH STREET CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34470 Change ☐ Addise ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Change ☐ Addii... TITLE ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP HILE ☐ Delete DILE ☐ Channe Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP 12. I hereby certify that the information expolied with this filing does not qualify for the exemptions contained in Section 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 of the receiper 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