

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90208 021 ***150.00

DOCUMENT # P04000171901

1. Entity Name
COPE AUTO REPAIR & BODY SHOP, INC.



Principal Place of Business
1415 LOCKHART AVE
HAINES CITY, FL 33844

Mailing Address
1415 LOCKHART AVE
HAINES CITY, FL 33844

40055830



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-2568174

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE JESUS GARCIA, CARLOS E
2140 FLINTLOCK BLVD.
KISSIMMEE, FL 34743

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

Carlos E. Garcia

4/11/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DE JESUS GARCIA, CARLOS E
STREET ADDRESS 2140 FLINTLOCK BLVD.
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE PRESIDENT ☒ Change ☐ Addition
NAME DE JESUS GARCIA, CARLOS E.
STREET ADDRESS 2140 FLINTLOCK BLVD
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE D ☒ Delete
NAME DE JESUS ALEMAN, CARLOS R
STREET ADDRESS 2140 FLINTLOCK BLVD.
CITY-ST-ZIP KISSIMMEE, FL 34743

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

TITLE D ☒ Delete
NAME DE JESUS ALEMAN, JOSE E
STREET ADDRESS 2140 FLINTLOCK BLVD.
CITY-ST-ZIP KISSIMMEE, FL 34743

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
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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 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:

Carlos E. Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

Date

Daytime Phone #