

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90051 003 ***150.00

DOCUMENT # P05000004703					
1. Entity Name AUTOTECHNIK FOREIGN CAR REPAIR INC.					
Principal Place of Business 905 SE 14TH PLACE CAPE CORAL, FL 33990			Mailing Address 905 SE 14TH PLACE CAPE CORAL, FL 33990		
2. Principal Place of Business 830 NE 24th Lane Suite, Apt. #, etc. Unit J City & State Cape Coral FL Zip 33909 Country USA		3. Mailing Address 830 NE 24th Lane Suite, Apt. #, etc. Unit J City & State Cape Coral FL Zip 33909 Country USA			
02212006 Chg-P CR2E034 (11/05)					
4. FEI Number 65-1083916				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUTTON, TERRI C/O PAY PRO ENTERPRISES, INC. 614 SW 27TH TERRACE CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent Name <u>Suzanne LaBounty</u> Street Address (P.O. Box Number is Not Acceptable) 5888 Sand Oak Dr. City <u>Ft. Myers</u> <u>FL</u> Zip Code <u>33919</u>		
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 <u>Suzanne LaBounty</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/21/06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			P Jeffery LaBounty 5888 Sand Oak Drive Ft. Myers FL 33919		
			V Suzanne LaBounty 5888 Sand Oak Drive Ft. Myers FL 33919		
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 another like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>2/21/06</u> Daytime Phone # <u>239-673-6441</u>		