

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90144 027 ***150.00

DOCUMENT # P05000004703 1. Entity Name AUTOTECHNIK FOREIGN CAR REPAIR INC.					
Principal Place of Business 830 N.E. 24TH LN UNIT J CAPE CORAL, FL 33909			Mailing Address 830 N.E. 24TH LN UNIT J CAPE CORAL, FL 33909		
2. Principal Place of Business - No P.O. Box # 2528 Andalusia Blvd.		3. Mailing Address 2528 Andalusia Blvd.			
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3		03272007 Chg-P CR2E034 (12/06)	
City & State Cape Coral FL		City & State Cape Coral FL		4. FEI Number 65-1083916	
Zip 33909		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LABOUNTY, SUZANNE 5888 SAND OAK DR 614 SW 27TH TERRACE FORT MYERS, FL 33919				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	P LABOUNTY, JEFFERY 5888 SAND OAK DR FORT MYERS, FL 33919 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LABOUNTY, SUZANNE 5888 SAND OAK DR FORT MYERS, FL 33919 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Suzanne LaBounty</u> SUZANNE LABOUNTY 3-27-07 239-482-8233 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					