

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90001 027 ***550.00

DOCUMENT # P05000022715		
1. Entity Name TITO'S CHASSIS SHOP INC.		

Principal Place of Business 417 GRANDVIEW AVE HAINE CITY, FL 33844	Mailing Address 417 GRANDVIEW AVE HAINE CITY, FL 33844
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2. Principal Place of Business 900 Roberts Rd	3. Mailing Address 417 Grandview Ave.
Suite, Apt. #, etc. #38	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State Lake Hamilton	City & State Haines City FL	4. FEI Number 20-2359854	Applied For ☐ Not Applicable
Zip 33851	Country FL	Zip 33844	Country FL

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLON, MARINITZA 417 GRANDVIEW AVE HAINE CITY, FL 33844	
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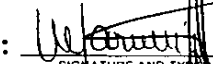
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied 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 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: 	5-31-06 863-439-0774
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #