## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 08, 2006 8:00 am Secretary of State 05-08-2006 90298 008 \*\*\*158.75

DOCUMENT # P05000027491  1. Entity Name ONE AT A TIME AUTO REPAIR INC.								05-08-2	006 90	0298 008	***158.7
Principal Place of Business Mailing Address							1'				
4007 POST ST 7660 RUDY COURT ACKSONVILLE, FL 32205 ACKSONVILLE, FL 32210							1 (P01/P01 N	- assa asın cəm gern esin	Han (	PB14 B1819 (818) 21	bitel II selli
2. Principal Pl	ace of Busin	ess	3. Mail	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03272006	Chg-P	CR2E	034 (11/05)	
City & State			City	City & State			() FELNumb	38 08%	73_	<del>_</del>	oplied For ot Applicable
Zip	Country		Zip	Zip Coun		try	5. Certificate	of Status Desired	0	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
TARRE, CHARLES W						Street Address (P.O. Box Number is Not Acceptable)					
7660 RUDY COURT JACKSONVILLE, FL 32210					OF GOLD AND THE THE WASHINGTON						
					City			FI	Zip Cod	e	
8. The above	named entit	y submits this statement	for the purp	ose of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of Flor			and accept
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 Soreane, typed or printed name of registered agent and title if applicable. PNOTE: Registered Age							ed when revietating)		DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May 8e Added to Fees											
10. OFFICERS AND DIRECTORS 11.							ADDITIONS	CHANGES TO OFFI	CERS AN		
TITLE NAME	P Delete Title TARRE, CHARLES W									Change	☐ Addition
STREET ADDRESS	ESS 7660 RUDY COURT SIR					ET ADDRESS					
CITY-SI-ZIP	JACKSONVILE, FL 32210 CITY  VP Delete Int.					-ST-ZP				☐ Change	☐ Addition
NAME	TARRE, LINA Y			□ Ocisie	NAM	E				orange	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP					
tmle	Delete IIII									☐ Change	Addition
NAME STREET ADDRESS	NA					E ET ADORESS					-
CITY-ST-ZIP						-S1-ZIP					
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CITY-ST-ZIP						-SI-ZP		<del></del> .			C 446754
TITLE NAME				Delete	. TITL	í				Change	Addition
STREET ADDRESS CITY-ST-ZIP						ET ADORESS - ST- ZIP					
TITLE				☐ Delete	TITL					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					1	E J ADORESS -ST-ZIP	r				
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 cath; 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: 04/11/06											
		SKINATURE AND TYPES	WHITE NA	ME OF SIGNING OSSICE	OR DIREC	TOR		Date		Deylane Phone #	í