

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 18, 2008 8:00 am  
Secretary of State**

03-31-2008 90034 023 \*\*\*150.00

**DOCUMENT # P05000069884**

1. Entity Name

ACCU-TECH AUTOMOTIVE, INC.



Principal Place of Business

11245 US HWY 301  
OXFORD, FL 34484 US

Mailing Address

917 VENTURE AVE.  
LEESBURG, FL 34748 US

**66007234**



03052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2827248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

SOMERVILLE, LISA  
917 VENTURE AVE.  
LEESBURG, FL 34748

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P D
NAME	MATHIEU, TIM
STREET ADDRESS	4434 CR 134
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	S D
NAME	CLIBURN, PHILLIP
STREET ADDRESS	917 VENTURE AVE.
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	T D
NAME	SOMERVILLE, LISA
STREET ADDRESS	917 VENTURE AVE.
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	D
NAME	SOMERVILLE, JOHN
STREET ADDRESS	917 VENTURE AVE
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/08 1-352-748-1500