

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000078900



1. Entity Name
VIC'S AUTO, INC.

Principal Place of Business
4434 E. ARLINGTON ST.
INVERNESS, FL 34453

Mailing Address
4434 E. ARLINGTON ST.
INVERNESS, FL 34453

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LEWIS, VICTOR
4656 W. WHEATFIELD LANE
DUNNELLON, FL 34433

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LEWIS, VICTOR
STREET ADDRESS 4656 W. WHEATFIELD LANE
CITY-ST-ZIP DUNNELLON, FL 34433

Delete

TITLE P
NAME Lewis, Victor
STREET ADDRESS 7565 N. Carl G. Rose Hwy.
CITY-ST-ZIP Hernando, FL 34442

Change

Addition

TITLE VP
NAME LEWIS, DIANE D
STREET ADDRESS 4656 W. WHEATFIELD LANE
CITY-ST-ZIP DUNNELLON, FL 34433

Delete

TITLE VP
NAME Lewis, Diane D.
STREET ADDRESS 7565 N. Carl G. Rose Hwy.
CITY-ST-ZIP Hernando, FL 34442

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

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STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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 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:

Diane Lewis Diane Lewis 4-11-06 (352)344-4342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Apr 18, 2006 8:00 am
Secretary of State**

04-18-2006 90076 013 ***150.00

40052668



01292006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2930068

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required