2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCLIMENT # P05000108023

FILED Apr 20, 2006 8:00 am Secretary of State

1. Entity Name SHORE AUTO REPAIR & TOWING INC							04-20-2006 90206 012 ***150.00				
Principal Place of Business 1980 PEBBLE PATH VERO BEACH, FL 32963			Mailing Address 1980 PEBBLE PATH VERO BEACH, FL 32963			40055715					
2. Principal P	lace of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01172006	Chg-P	CR2E03	4 (11/05)		
City & State			City & State			4. FBI Mumb	3250	183	—	plied For t Applicable	
Zip	Country		Zīp Count		try	5. Certificate	of Status Desired		8.75 Add ee Required	itional	
	6. Name	and Address of Current F	egistered Agent			7. Name and Address of New Registered Agent					
LOGUIDICE, JOE 1515 RIDGWOOD AVE A HOLLY HILL, FL 32117					Name/OE ADQUI OLCE Strept Address (P.O. Box Number is Not Acceptable) A DQUI OLCE STEP ADDRESS (P.O. Box Number is Not Acceptable)						
					City /	// (1411	FL	Zip Code	1/7	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. O 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 bitle if applicable. (NQTL Registered Agent signature required when reinstating) DATE											
		FEE IS \$150.00 6 Fee will be \$550.0	9. Election Campa Trust Fund Cont			.00 May Be ded to Fees					
10.		OFFICERS AND I	DIRECTORS	RECTORS 11.			/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l	FFREY BBLE PATH ACH, FL 32963							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	625 HAM	LO, MARK LET DR RANGE, FL 32127			E Et address - St- Zip				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1313 KILI	/AN, BART LIAN ST A BEACH, FL 32114				-		15-71-A	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					E ET ADDRESS - ST- ZIP				☐ Change	Addition	
12. I hereby	certify that th	ne information supplied with	this filing does not qualify for	or the exi	emptions containe	d in Chapter 11	9, Florida Statutes.	I further certi	fy that the in	formation	

THE STOR

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 brherylike empowered.

SIGNATURE: