

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000114669

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** A WEST PALM AUTO CARE CENTER & DIAGNOSTICS, INC.

**Current Principal Place of Business:**

3090 SHAWNEE AVENUE  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

3090 SHAWNEE AVENUE  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

**FEI Number:** 20-3323207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAUGHNESSY, STEVE  
3090 SHAWNEE AVENUE  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: SHAUGHNESSY, STEVE  
Address: 3090 SHAWNEE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: D  
Name: SHAUGHNESSY, STEVE  
Address: 3090 SHAWNEE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVE SHAUGHNESSY

PVST

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date