

2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/2

DOCUMENT # P05000142279		
1. Entity Name MR. T'S AUTOMOTIVE SERVICE, INC.		

07 JUL -9 AM 7:21
STATE
FLORIDA

Principal Place of Business 14100 S.W. 256 ST. UNIT 9 NARANJA, FL 33032	Mailing Address 14100 S.W. 256 ST. UNIT 9 NARANJA, FL 33032
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06082007 Chg-P CR2E034 (12/06)

4. FEI Number 75-3092545	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LINDER, RENEE E 12200 S.W. 267 TERRACE NARANJA, FL 33032		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

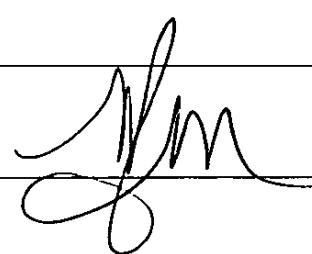
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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 NAME STREET ADDRESS CITY - ST - ZIP	MGR LINER, TYRONE P 12200 SW 267 AVE HOMESTEAD, FL 33032 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Linder, Tyrone P. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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07/24/07--01055--026 **150.00



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

June 21, 2007
Date Daytime Phone #

5/10/07
2/2

To whom it may Concern I Mr TS
Automotive Service Inc. attempted to
file my Annual Report online on
April 29, 2007 but efforts failed do to
Website wouldn't Respond; I Spoke to
Customer Service about this issue
there Response was to send in letter
With my \$150.00 payment.

Thank you

A stylized handwritten signature consisting of a series of overlapping, sweeping strokes that form a unique, abstract shape.