2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
07 MAY 18 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000002983

1. Entity Name
THORNTON AUTOMOTIVE REPAIR, INC.

Principal Place of Business
104 WEST BROWNLEE ROAD
STARKE, FL 32091

Mailing Address
104 WEST BROWNLEE ROAD
STARKE, FL 32091

[redacted]

04232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 74-3156739 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THORNTON, STEPHEN
7214 CHIPOLA DRIVE
KEYSTONE HEIGHTS, FL 32656

7. Name and Address of New Registered Agent

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 resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P THORNTON, STEPHEN 7214 CHIPOLA DRIVE KEYSTONE HEIGHTS, FL 32656 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Stephen Thornton 4-24-07 904-964-7669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #