

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000025457

1. Entity Name
JULIO'S AUTO REPAIR INC



Principal Place of Business
**1974 SHERWOOD ST
G
CLEARWATER, FL 33765**

Mailing Address
**1974 SHERWOOD ST
G
CLEARWATER, FL 33765**

FILED
Sep 15, 2008 08:00 AM
Secretary of State



07132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PEREZ, MYRIAM
2385 EASTWOOD DR.
CLEARWATER, FL 33765**

**DO NOT WRITE
IN THIS SPACE**

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

07-16-2008

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ATANACIO, JULIO C
STREET ADDRESS	6724 70TH AVE N.
CITY-ST-ZIP	PINELLAS PARK, FL 33781

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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09/15/08-80007-008 558.75

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #