

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 19, 2008 08:00 A **DOCUMENT # P06000040074 Secretary of State** C&R AUTO REPAIR SHOP INC. Principal Place of Business Mailing Address 4355 FAIRMONT STREET, STE 7 4355 FAIRMONT STREET, STE 7 ORLANDO, FL 32808-8152 ORLANDO, FL 32808-8152 CR2E034 (11/05) 03132008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1241483 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, CARLTON A DO NOT WRITE 4355 FAIRMONT STREET, STE 7 ORLANDO FL 32808-8152 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. DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BROWN, CARLTON A NAME STREET ADDRESS 4355 FAIRMONT STREET, STE 7 U00000863832 ORLANDO, FL 328088152 CITY-ST-ZIP n4/n3/n8-80103-025 150.00 SEC TITLE NAME WILLIAMS, ROY 4355 FAIRMONT STREET, STE 7 STREET ADDRESS ORLANDO, FL 328088152 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this fitting 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:

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-2008

Daytime Phone #

FILED