

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 20, 2007 8:00 am
Secretary of State

07-27-2007 90006 025 ***150.00

DOCUMENT # P06000081522					
1. Entity Name FILSINGER AUTO, INC.					
Principal Place of Business 6807 MONET CIRCLE TEMPLE TERRACE FL 33617 US			Mailing Address 6807 MONET CIRCLE TEMPLE TERRACE FL 33617 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5048395	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FILSINGER, BRIAN 6807 MONET CIRCLE TEMPLE TERRACE FL 33617			Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ (NOTE: Registered Agent signature required when reissuing)					
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State		S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒		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 FILSINGER, BRIAN 6807 MONET CIRCLE TEMPLE TERRACE FL 33617		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S/T FILSINGER, STEPHANIE A 6807 MONET CIRCLE TEMPLE TERRACE FL 33617		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete ☐ Change ☐ Addition	
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: _____			Date: 8/24/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 613/610-5606		