



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90139 028 ***150.00

DOCUMENT # P06000120281		
1. Entity Name AUTOMOTIVE SERVICES AND HEAVY TRUCK REPAIR OF PENSACOLA, INC.		
Principal Place of Business 1414 W GOVERNMENT STREET PENSACOLA, FL 32501	Mailing Address 1414 W GOVERNMENT STREET PENSACOLA, FL 32501	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TEACHEY, HOWARD C 2144 W KINGSFIELD ROAD CANTONMENT, FL 32533		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEACHY, REBECCA 1414 W GOVERNMENT STREET PENSACOLA, FL 32501	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEACHY, HOWARD 1414 W GOVERNMENT STREET PENSACOLA, FL 32501	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		4-30-08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0602191

Applied For
Not Applicable

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