

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90030 003 ***150.00

DOCUMENT # P06000121774

1. Entity Name
SAM'S AUTO TECH CENTER INC



Principal Place of Business
**18 C INTERPRICE DR.
BUNNELL, FL 32110**

Mailing Address
**45 LONGFELLOW DRIVE
PALM COAST, FL 32137**

40043000



2. Principal Place of Business - No P.O. Box #
18 Enterprise Drive

3. Mailing Address
18 Enterprise Drive

Suite, Apt. #, etc.
Suite C

Suite, Apt. #, etc.
Suite C

City & State
Bunnell, FL

City & State
Bunnell, FL

Zip
32110

Country
Flagler

Zip
32110

Country
Flagler

01282008 Chg-P CR2E034 (12/06)

4. FEI Number
20-5609614

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PEREZ, HUGO S
45 LONGFELLOW DRIVE
PALM COAST, FL 32137**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME	P PEREZ, HUGO S	<input type="checkbox"/> Delete
STREET ADDRESS	45 LONGFELLOW DRIVE	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE NAME	VP PEREZ, JUDITH	<input type="checkbox"/> Delete
STREET ADDRESS	45 LONGFELLOW DRIVE	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18 Enterprise Drive, Suite C
CITY-ST-ZIP	Bunnell, FL 32110
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18 Enterprise Drive, Suite C
CITY-ST-ZIP	Bunnell, FL 32110
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-2008