

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000100410

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** CONSOLIDATED AUTO REPAIR AND RESTORATION, INC.

**Current Principal Place of Business:**

2736 FOREST BLVD  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

3207 FOREST BLVD  
SUITE 2  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

2736 FOREST BLVD  
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number:** 27-4286096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENNEL, THOMAS P  
2736 FOREST BLVD  
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KENNEL, THOMAS P  
Address: 2736 FOREST BLVD  
City-St-Zip: JACKSONVILLE, FL 32246 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS P KENNEL

PRES

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date