


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90037 028 \*\*\*150.00

<b>DOCUMENT # P92000006833</b> 1. Entity Name <b>JOHN'S AUTO SERVICE OF HOLIDAY, FL, INC.</b>	
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Principal Place of Business <b>640 S. BROAD ST. BROOKSVILLE, FL 34601 US</b>	Mailing Address <b>640 S. BROAD ST. BROOKSVILLE, FL 34601 US</b>
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**DO NOT WRITE IN THIS SPACE**

**01072006 No Chg-P CR2E034 (11/05)**

4. FEI Number <b>59-3148947</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**JOHN LAKATOS JR  
640 S BROAD ST  
BROOKSVILLE, FL 34601**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAKATOS, JOHN S JR 640 S. BROAD ST. BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAKATOS, ELIZABETH A 640 S. BROAD ST. BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 **X/27 06** **X/352 796 8416**  
Date Daytime Phone #



ATTACHMENT

20012097

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2006

JOHN'S AUTO SERVICE OF HOLIDAY, FL, INC.  
640 S. BROAD ST.  
BROOKSVILLE, FL 34601 US

Subject: JOHN'S AUTO SERVICE OF HOLIDAY, FL, INC.

Reference Number:

P92000006833

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION