

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000014825

1. Entity Name
SUNCOAST AUTO REPAIR CENTER, INC.



Principal Place of Business
1198 EAST BAY DR
LARGO, FL 34640

Mailing Address
1198 EAST BAY DR
LARGO, FL 34640



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3164849

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, DEBRA L
1198 E BAY DR
LARGO, FL 34640

**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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

[Signature]

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, LARRY K
STREET ADDRESS	1198 E BAY DR
CITY - ST - ZIP	LARGO, FL 33770
TITLE	VPST
NAME	BROWN, DEBRA L
STREET ADDRESS	1198 E BAY DR
CITY - ST - ZIP	LARGO, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000564012
05/20/06-80035-013 150.00

**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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra L. Brown

4/29/06 (727) 585-2074

Date

Daytime Phone #