

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000017895

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** THE CUSTOM AUTOMOTIVE REPAIR SHOP, INC.

**Current Principal Place of Business:**

10313 N. NEBRASKA AVE.  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

10313 N. NEBRASKA AVE.  
TAMPA, FL 33612 US

**New Mailing Address:**

**FEI Number:** 59-3170532      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STILLWELL, BRIAN K  
3749 EAGLE FLIGHT LANE  
LAND O LAKES, FL 34639 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: STILLWELL, BRIAN  
Address: 3749 EAGLE FLIGHT LANE  
City-St-Zip: LAND O LAKES, FL 34639

Title: VP  
Name: STILLWELL, CATHY  
Address: 3749 EAGLEFLIGHT LANE  
City-St-Zip: LAND O LAKES, FL 34639

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: BRIAN K STILLWELL

PRES

03/21/2011

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

\_\_\_\_\_  
Date