

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000026137

FILED
Mar 23, 2009
Secretary of State

Entity Name: PAUL'S AUTO AND TRUCK REPAIR INC.

Current Principal Place of Business:

1919 W FIRST ST
SANFORD, FL 32771

New Principal Place of Business:

1919 W. 1ST STREET
SANFORD, FL 32771

Current Mailing Address:

1919 W FIRST ST
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3177423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANZA, PAUL
1919 W FIRST ST
SANFORD, FL 32771 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANZA, PAUL
Address: 2321 E NY AVE
City-St-Zip: DELTONA, FL 32724

Title: VP () Delete
Name: LANZA, RENEE L
Address: 2321 E, NEW YORK AVE.
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V P (X) Change () Addition
Name: LANZA, PAUL
Address: 2321 E NY AVE
City-St-Zip: DELTONA, FL 32724

Title: PRES (X) Change () Addition
Name: LANZA, RENEE L
Address: 2321 E, NEW YORK AVE.
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RENEE LANZA

PRES

03/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date