


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000006787 1. Entity Name CONTINENTAL AUTO/TRUCK SERVICE CENTER, INC.	
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Principal Place of Business 985 STATE RD 206 ST AUGUSTINE, FL 32086	Mailing Address 985 WEST SR 206 ST. AUGUSTINE, FL 32086 US
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DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3225233	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GIANNINI, LEOPOLDO 985 STATE RD 206 ST AUGUSTINE, FL 32086	DO NOT WRITE IN THIS SPACE
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD GIANNINI, LEOPOLDO 35 SANDPIPER BLVD ST AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GIANNINI, ELVIRA 35 SANDPIPER BLVD SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GIANNINI, STEVEN L 36 FOLCROFT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GIANNINI, LEO D 18 MAGNOLIA DRIVE CIRCLE SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

04/25/05-80097-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Leopoldo Giannini LEOPOLDO GIANNINI 04/21/05 (904) 972 665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #