

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000006787

1. Entity Name
CONTINENTAL AUTO/TRUCK SERVICE CENTER, INC.



Principal Place of Business
**985 STATE RD 206
ST AUGUSTINE, FL 32086**

Mailing Address
**985 WEST SR 206
ST. AUGUSTINE, FL 32086 US**



03232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
69-3225233

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GIANNINI, LEOPOLDO
985 STATE RD 206
ST AUGUSTINE, FL 32086**

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

(NOTE: Registered Agent signature required when resigning)

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	PSD
NAME	GIANNINI, LEOPOLDO
STREET ADDRESS	35 SANDPIPER BLVD
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	VP
NAME	GIANNINI, ELVIRA
STREET ADDRESS	35 SANDPIPER BLVD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	S
NAME	GIANNINI, STEVEN L
STREET ADDRESS	36 FOLCROFT
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	T
NAME	GIANNINI, LEO D
STREET ADDRESS	18 MAGNOLIA DRIVE CIRCLE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

03/23/06 904-797265