

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000013194

FILED  
Apr 04, 2005  
Secretary of State

Entity Name: PALM HARBOR AUTO SERVICE, INC.

**Current Principal Place of Business:**

1010-A ALTERNATE HIGHWAY 19  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

1010-A ALTERNATE HIGHWAY 19  
PALM HARBOR, FL 34683

**New Mailing Address:**

FEI Number: 59-3231810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLEMAN, BILLY R  
1010-A ALTERNATE HIGHWAY 19  
PALM HARBOR, FL 34683 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: P ( ) Delete  
Name: COLEMAN, BILLY R  
Address: 1402 19TH STREET  
City-St-Zip: PALM HARBOR, FL 34683

Title: VP ( ) Delete  
Name: COLEMAN, LINDA  
Address: 1402 19TH STREET  
City-St-Zip: PALM HARBOR, FL 34683

Title: S ( ) Delete  
Name: SPURLOCK, MARY E  
Address: 2209MISTY CT  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BILLY R, COLEMAN

PRES

04/04/2005

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

\_\_\_\_\_  
Date