2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED

05 MAR 11 PM 4:29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

4/13/04 90007 010 150.00

DOCUMENT # P94000036216

1. Entity Name
ROBERT'S SEMI TRAILER REPAIR INC.

Principal Place of Business	Mailing Address
5331 NEW KINGS RD JACKSONVILLE, FL 32209 US	85039 JOHNSON LN YULEE, FL 32097 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01132005 Chg-P CR2E034 (10/03) MRD

4. FEI Number: 59-3240076 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, ROBERT E ~~1511 JOHNSON LANE~~ YULEE, FL 32097	Name: Street Address (P.O. Box Number Is Not Acceptable): 85039 Johnson Ln City: Yulee FL Zip Code: 32097

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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: V NAME: SMITH, PEGGY STREET ADDRESS: ~~1511 JOHNSON LANE~~ CITY-ST-ZIP: YULEE, FL	☐ Delete	TITLE NAME STREET ADDRESS: 85039 Johnson Ln CITY-ST-ZIP: Yulee, Fl 32097	☑ Change ☐ Addition
TITLE: P NAME: SMITH, ROBERT E. STREET ADDRESS: ~~1511 JOHNSON LANE~~ CITY-ST-ZIP: YVLEE, FL	☐ Delete	TITLE NAME STREET ADDRESS: 85039 Johnson Ln CITY-ST-ZIP: Yulee, Fl 32097	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Peggy Smith Peggy Smith 2/11/05 904 766-7005
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)