


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90987 029 ***150.00

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| DOCUMENT # P94000047254 |  |
| 1. Entity Name ANDY'S AUTOMOTIVE REPAIR, INC. | |

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| Principal Place of Business 12741 METRO PARKWAY SUITE 2 FORT MYERS, FL 33912 US | Mailing Address 12741 METRO PARKWAY SUITE 2 FORT MYERS, FL 33912 US |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|-------------------------|-------------------------|---------|---------|
| City & State Zip | City & State Zip | Country | Country |
|-------------------------|-------------------------|---------|---------|

14015422



04282005 Chg-P CR2E034 (10/03)

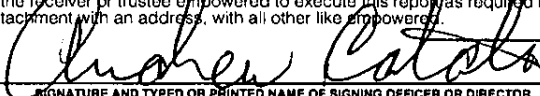
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| 4. FEI Number 65-0497519 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent CATALANO, ANDREW J 12741 METRO PARKWAY STE-#2 FORT MYERS, FL 33912 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CATALANO, ANDREW J 12721-B METRO PARKWAY #4 FORT MYERS, FL 33912 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CATALANO ANDREW J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12741 METRO PKWY STE 2 FORT MYERS FL 33912 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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 empowerments. | |
| SIGNATURE:  | Date: 4/28/2005 Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |