

# 2013 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

13 FEB -6 AM 9:05

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                                                                                                 |                                                               |                                                                                          |                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------|
| DOCUMENT # P94000056621                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                                                                                                 |                                                               |         |                                             |
| 1. Entity Name<br>MARTY'S COMPLETE AUTOMOTIVE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                                                                                                 |                                                               |                                                                                          |                                             |
| Principal Place of Business<br>3900 NE 5TH TERR<br>OAKLAND PARK, FL 33334                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                 | Mailing Address<br>3900 NE 5TH TERR<br>OAKLAND PARK, FL 33334 |                                                                                          |                                             |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                                                                                                                 | 3. Mailing Address                                            |                                                                                          |                                             |
| Suite, Apt #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                                                 | Suite, Apt #, etc.                                            |                                                                                          |                                             |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |                                                                                                                 | City & State                                                  |                                                                                          |                                             |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                     | Zip                                                                                                             | Country                                                       | 4. FEI Number<br>65-0513992                                                              |                                             |
| 5. Name and Address of Current Registered Agent<br><br>WINKLER, MARTIN A<br>506 NW 104 AVE<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                                                 |                                                               | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                             |
| 6. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                                                                                                 |                                                               | 7. Name and Address of New Registered Agent                                              |                                             |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             |                                                                                                                 |                                                               | Name                                                                                     |                                             |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                                                 |                                                               | Street Address (P.O. Box Number is Not Acceptable)                                       |                                             |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             |                                                                                                                 |                                                               | 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 _____<br><small>Signature, word or print, of name of registered agent and state if applicable</small> <small>NOTE: If power of attorney is required, attach power of attorney</small> <small>DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                                                                                                 |                                                               |                                                                                          |                                             |
| FILE NOW!!! FEE IS \$550.00<br>Due by September 27, 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                               |                                                                                          |                                             |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         |                                                                                          |                                             |
| 1. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | 3. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                     | 4. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                   | 5. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                              | 6. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |
| WINKLER, MARTIN A<br>506 NW 104 AVE<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                                                                                                 |                                                               |                                                                                          |                                             |
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| 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 no address, with all other like empowered. |                                             |                                                                                                                 |                                                               |                                                                                          |                                             |
| SIGNATURE: <i>Martin A Winkler</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                                                 | DATE: 10/15/13                                                |                                                                                          |                                             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                                                                                                 | E-MAIL ADDRESS: MWINKLER@COMCAST.NET                          |                                                                                          |                                             |



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Corporations

Payments

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Activity

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Information

## Annual Report Filing History

Search By Document ID

p94000056621

Search

## Session

| Transaction ID                                    | Description                                                                                         | Filing Stage                |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------|
| p94000056621-71c263f0-74c3-4ede-b5b1-8f3559fbb927 | Session file for p94000056621 with last modified date of 6/11/2013 4:36:01 PM Eastern Standard Time | <a href="#">PaymentPage</a> |
| p94000056621-a40c42b9-1c69-4b82-ae15-15893b284f9d | Session file for p94000056621 with last modified date of 6/11/2013 4:59:55 PM Eastern Standard Time | <a href="#">Edit</a>        |
| p94000056621-fb6236f6-dfaf-4ce2-9f08-7e7e9bc38799 | Session file for p94000056621 with last modified date of 2/6/2013 9:59:12 AM Eastern Standard Time  | <a href="#">PaymentPage</a> |

## Transactions

| Transaction Id                                    | Document Id  | Filing Fee | Filing Status | Filing Date           |
|---------------------------------------------------|--------------|------------|---------------|-----------------------|
| P94000056621-0d69e735-1abb-4d9e-8c05-995c8b7f9dd0 | P94000056621 | 0          | 2             | 1/7/2010 12:00:00 AM  |
| P94000056621-15fba2ad-2930-493e-a210-66aca32b1c61 | P94000056621 | 0          | 2             | 1/10/2011 12:00:00 AM |
| p94000056621-71c263f0-74c3-4ede-b5b1-8f3559fbb927 | P94000056621 | 550        | 0             | 6/11/2013 4:36:03 PM  |
| P94000056621-b19bf80e-4cad-4c4a-bf5e-c6902cba0cbd | P94000056621 | 0          | 2             | 1/6/2012 12:00:00 AM  |
| p94000056621-fb6236f6-dfaf-4ce2-9f08-7e7e9bc38799 | P94000056621 | 150        | 0             | 2/6/2013 9:59:14 AM   |