## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: (

## Jan 27, 2005 08:00 AM Secretary of State DOCUMENT # P94000058144 1. Entity Name MAC'S TIRES & AUTO REPAIR, INC. Principal Place of Business Mailing Address 3507 S. APOPKA AVENUE INVERNESS FL 34452 7781 S FLORIDA AVE FLORAL CITY FL 34436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3259710 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUNNINGHAM, JEAN A Street Address (P.O. Box Number is Not Acceptable) 3507 S APOPKA AVE **INVERNESS FL 34452** City 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. 1 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 reinstalling) DATE FILE NOW!!! FEE IS \$150,00 Election Campaign Financing \$5.00 May B. After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. **OFFICERS AND DIRECTORS** 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DHE TITLE Delete Change Addition U00000197716 01/27/05-80022-011 150.00 CUNNINGHAM, JEAN A NAME NAME 3507 S APOPKA AVE STREET ADDRESS STREET ADDRESS. CITY-ST-7IP **INVERNESS FL 34452** CITY-ST-ZIP TITLE ☐ Change Adota TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY - ST- ZIP CHTY-ST-ZIP Delete Ditt ☐ Change Additio HHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP Delete TILLE Change ☐ Additio THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP HILE Delete îI**T**LF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-51-ZIP HILE Delete HHE Change A. A. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY SE ZIP 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 direction 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 changed, or on an attachment with an address, with all other like empowered.

FILED