2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 08:00 Al Secretary of State

ANNUAL REPORT					Apr 09, 200/ 08:0			
DOCUI	MENT # P940000651				Secret	ary of St		
GREG'S IMPORT AUTO SERVICE, INC.								
Principal Place		Mailing Address						
3712 N. FLORIDA AVENUE 3712 N. FLORIDA AVEN TAMPA, FL 33603 TAMPA, FL 33603			l					
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	The state of the s		59-326			Not Applicable		
				5. Certificate	of Status Desired		.75 Additional Required	
	6. Name and Address of Current Re			4 645	The section of the se	8 - 10 (15.1		
BAILEY, JAMES G 3712 N. FLORIDA AVENUE TAMPA, FL 33603				חח	NOT W	RITE		
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			A second	in in	THIS SF	ACE		
	named entity submits this statement for thions of registered agent.	e purpose of changing its register	red office or register	ed agent, or bo	oth, in the State of Flo	orida. I am fami	iliar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and	trile if applicable (NOTE, Register	ed Agent signature required	when roinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				00 May Be ed to Fees				
10.	OFFICERS AND DI	RECTORS '	10 × 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10		ມດດ້ວ	ກໍ່ຄົງ4712	* * , ;	
TITLE Name	D BAILEY, JAMES G		4.4		04/17/07	~ã0030 ~ 0	10-158.75 🕞	
STREET ADDRESS	3712 N. FLORIDA AVENUE					Service participation		
TITLE	TAMPA, FL 33603							
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STREET ADDRESS CITY-ST-ZIP			A this to with		The Same	100 - 100 -	Section 1	
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STREET ADORESS CITY-ST-ZIP				i jakar			Section of the section of	
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NAME STREET AODRESS			profit to the					

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 an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

G. BAILEY

4-3-07 8/3-229126