2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State
01-07-2005 90004 008 ***150.00

J00000493

DOCUMENT # P94000067637

1. Entity Name
AUTO CLINIC OF NAPLES, INC.

Principal Place of Business	Mailing Address
2320 LINWOOD AVENUE NAPLES, FL 34112 US	2320 LINWOOD AVENUE NAPLES, FL 34112 US

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6062 Lee Ann Lane Suites, Apt. #, etc.	6062 Lee Ann Lane Suites, Apt. #, etc.
Naples, Florida City & State	Naples, Florida City & State
Zip 34109 Country USA	Zip 34109 Country USA

4. FEI Number 65-0511934 ☐ 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
ROSE, WILLIAM ~~2320 LINWOOD AVENUE~~ NAPLES, FL ~~34112~~	Name Street Address (P.O. Box Number is Not Acceptable) 6062 Lee Ann Lane City Naples FL Zip Code ~~34109~~ 34109

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 William A. Rose William A. Rose 1/5/05
Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROSE WILLIAM, ~~2320 LINWOOD AVENUE~~ NAPLES, FL ~~34112~~	☐ Delete	6062 Lee Ann Lane Naples, Fl. 34109	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ROSE, PATRICIA ~~2521 ESTEY AVE B-2~~ NAPLES, FL ~~341044387~~	☐ Delete	6062 Lee Ann Lane Naples, Fl. 34109	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: William A. Rose Patricia A. Rose 1/5/05 239-593-1185
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR Date Daytime Phone #