

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000068658	
1. Entity Name STARR'S AUTO REPAIR, INC.	

Principal Place of Business 8183 NAVARRE PKWY NAVARRE FL 32566 US	Mailing Address 8183 NAVARRE PKWY NAVARRE FL 32566 US
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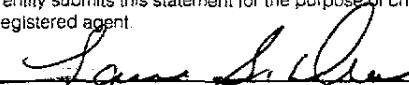
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E034 (10/05)

5. Name and Address of Current Registered Agent DUNCAN, TAMMIE S 8183 NAVARRE PKWY NAVARRE FL 32566	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

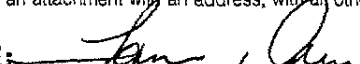
SIGNATURE  DATE **1.17.06**

Signature must be printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P STARR, RICHARD G JR. 9532 MONTECARLO CIR. NAVARRE FL 32566 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP V DUNCAN, TAMMIE S 9502 SWEETGUM LN NAVARRE FL 32566 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP C DUNCAN, BRYAN S 9502 SWEETGUM LANE NAVARRE FL 32566 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **TAMMIE DUNCAN** DATE **1.17.06** DAYTIME PHONE # **850-939-3107**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR