2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P94000073931 1. Entity Name TWILL AUTO SERVICE, INC. Malling Address Principal Place of Business 4780 96 ST N 4780 96 ST N UNIT A ST PETE FL 33708 ST PETE FL 33708 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-3270327 Not Applicat Country Ζιρ Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOTBYL, DANIEL P Street Address (P.O. Box Number is Not Acceptable) 11092 VALENCIA AVE SEMINOLE FL 34642 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 Species, typed or preside name of registered agent and title if applicable. (NOTE Registered Agent argulature required when revisiating) DATE FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00. 9. Election Campaign Financing \$5.00 May 6. Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. tC. ☐ Change Addilio □ Defete TITLE TITLE BOTBYL, DANIEL P MAME NAME STREET ADDRESS STREET ADDRESS 11092 VALENCIA AVE. U00000498372 CITY-ST-ZIF SEMINOLE FL 34642 GUY-ST-70 04/22/06-20031-017, 150, 90 ☐ Delete THILE TITLE NAME NAME BOTBYL, CAROL A STREET ADDRESS STREET ADDRESS 11092 VALENCIA AVE. SEMINOLE FL 34642 CITY-ST-IP CITY-SI-ZIF Change Addition Delete FITLE MAME MAARE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-SI-ZIP Delete Change Change ☐ Addition TITLE 21712 NAME NAME STREET ADORESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-57-ZIP

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:

aniel P Botbyl

4/6/06 727-393-4951

FILED