


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000076019	
1. Entity Name FOUR POINTS AUTO REPAIR AND SALES INC.	

Principal Place of Business 4436 GUN CLUB ROAD WEST PALM BEACH, FL 33406	Mailing Address 4436 GUN CLUB ROAD WEST PALM BEACH, FL 33406
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0542221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWNE, PERCY 4436 GUN CLUB ROAD WEST PALM BEACH, FL 33406
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWNE, PERCY 4436 GUN CLUB ROAD WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWNE, ANDREW 4436 GUN CLUB ROAD WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWNE, MARIAN 4436 GUN CLUB ROAD WEST PALM BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/07-80106-025 150.00

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: Marian E Browne **4/22/07** **561-682 8356**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #