

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000000889

**Entity Name:** THE AUTO DOCTOR, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

945 19TH AVE SW  
VERO BEACH, FL 32962 US

**New Principal Place of Business:**

**Current Mailing Address:**

945 19TH AVE SW  
VERO BEACH, FL 32962 US

**New Mailing Address:**

**FEI Number:** 65-0553049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOMMERFROIND, MARIUS  
945 19TH AVE SW  
VERO BEACH, FL 32962 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SOMMERFROIND, MARIUS  
Address: 5202 FEATHER CREEK DR.  
City-St-Zip: FORT PIERCE, FL 34951

Title: ST  
Name: SOMMERFROIND, SANDRA  
Address: 5202 FEATHER CREEK DR.  
City-St-Zip: FORT PIERCE, FL 34951

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA SOMMERFROIND

ST

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date