

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000032270

1. Entity Name
GOLDEN WRENCH AUTO SERVICE, INC.



Principal Place of Business
**8291 66TH ST., N.
PINELLAS PARK, FL 33781 US**

Mailing Address
**8291 66TH ST., N.
PINELLAS PARK, FL 33781 US**



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3310051

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FICCO JR, VINCENT
8291 66TH ST., N.
PINELLAS PARK, FL 33781**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

04/27/06-30011-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FICCO, VINCENT JR
STREET ADDRESS	8291 66TH ST., N.
CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Vincent F. Fico Jr President 4-7-06 (727) 544-2455