## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 27, 2006 08:00 AN DOCUMENT # P95000048553 **Secretary of State** 1. Entity Name JERRY'S ACTION AUTO REPAIR, INC. Principal Place of Business Mailing Address 688 S PATRICK DRIVE 688 S PATRICK DRIVE SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3323579 Not Applicat Zip Country Zιρ Country \$8.75 Additional 5. Certificate of Status Destred Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHEY, JAMES H Street Address (F.O. Box Number is Not Acceptable) 200 S. HARBOR CITY BLVD., STE. 201 MELBOURNE FL 32901 City 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 accerthe obligations of registered agent. SIGNATURE. Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinvitating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May ₽ After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change 🔲 Arigidic U00000405104 NAME DAVIS, JERRY HAME 02/07/06-80028-001 158.75 688 S PATRICK DR STREET ADDRESS STREET ADORESS CITY-ST-ZIP SATELLITE BEACH FL 32937 CITY+ST-ZIP TITLE Delete TITLE ☐ Change Addin. NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLIY-ST-7IP TIME Delute TITLE Change Addition NAME NAME STREET ADDRESS STRLET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete ☐ Change Addilio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete BILE Addin Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

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:

Terry U. Davis 0/25/06 321-777-3886