2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 08:00 AM Secretary of State

DOCUMENT # P9500006 1544 1. Entity Name KRANER'S AUTO REPAIR, INC.			Secretary o	f State		
	e of Business	Mailing Address		- `		
	STREET WEST I, FL 34205	3600 14TH STREET WEST BRADENTON, FL 34205				
,			·			
DO NOT WRITE IN THIS SPACE			~	03142005 No Chg-P CR2E034 (10/03)		
			CE	4. FEI Number Applied For 65-0601544 Not Applicable		
				5. Certificate of Status Desired \$8.7	5 Additional	
Fee Required 6. Name and Address of Current Registered Agent						
KRANER, SCOTT A 607 33RD STREET WEST BRADENTON, FL 34205			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. 1 am famillar with, and accept the obligations of registered agent. SIGNATURE Scott A: Kianer President Scott A: (NOTE: Registered Agent Signature, hyped or printed name of registered agent and the if applicable. (NOTE: Registered Agent Signature required when rehistaling) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.						
TITLE	OFFICERS AND DIF	RECTORS				
NAME	KRANER, SCOTT ALAN		i	·	Ì	
STREET ADDRESS CITY-ST-ZIP	3600 14TH STREET WEST BRADENTON, FL 34205		U00000317437 04/20/05-80018-021 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KRANER, KAREN SUE 3600 14TH STREET WEST BRADENTON, FL 34205			04/20/05-80018-021	150.00	
TITLE NAME		;	Ĭ			
STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE Name Street Address City-St-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day The Date Day The Prone #						