2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P95000061544 1. Entity Name KRANER'S AUTO REPAIR, INC. Mailing Address Principal Place of Business 3600 14TH STREET WEST 3600 14TH STREET WEST BRADENTON FL 34205 **BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0601544 Not Applicable Country Country Zip Zìp \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRANER, SCOTT A Street Address (P.O. Box Number is Not Acceptable) 607 33RD STREET WEST **BRADENTON FL 34205** 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE PD ☐ Delete THE Change ☐ Add₃lion (100000538462 NAME KRANER, SCOTT ALAN MAME 05/09/06-80061-002 150.00 STREET ADDRESS STREET ADDRESS 3600 14TH STREET WEST CITY-ST-ZIP BRADENTON FL 34205 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE STD NAME KRANER, KAREN SUE MARKE STREET ADDRESS 3600 14TH STREET WEST STREET ADDRESS City-St-ZiP CITY-ST-ZIF BRADENTON FL 34205 ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition THE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition HULE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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