A Set Number of Set	007 08:00 ary of Stat	Apr 30, 200 Secretary				<b>D7 FOR PROFIT ANNUAL F</b> ENT # P950000717 AUTO REPAIR, INC.	DOCUN 1. Entity Name
DAGGENOTIONE IN THIS SPACE      OUTCOMPANY OF CR26034 (1     OUTCOMPA	1			US	15252 SPRING HILL DRIVE	ILL DRIVE	15252 SPRING
Service of Status Desired     S				CE -			
PALERMO, JOHN IS252 SPRING HILL DRIVE BROOKSVILLE, FL 34604   I. 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 femalia the obligations of registered agent.  I. 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 femalia SIGNATURE  I. 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 femalia SIGNATURE I. 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 femalia SIGNATURE I. 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 femalia SIGNATURE I. 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 femalia SIGNATURE I. 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 femalia SIGNATURE I. The above named entity submits this statement for the purpose of changing its registered agent, or both, and statement for the purpose of changing its registered agent, or both, and statement for the purpose OFFICERS AND DIRECTORS I. The State	Applied For Not Applicable 75 Additional Required	37 <b>**</b> 75 •	59 <u>-333</u> 5				
The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. I am familia the obligations of registered agent, or both. In the State of Florida. I am familia the obligations of registered agent.  IGNATURE 1 Strature. Instant of registered agent and life if spokeste.  IGNATURE 1 Strature. Instant of registered agent and life if spokeste.  IGNATURE 1 Strature. Instant of registered agent and life if spokeste.  IGNATURE 2  FLE NOWILL FEE IS \$150.00 OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  PALEMO, JOHN 2443 COMERWOOD DRIVE SPRING HILL, FL 34609  REF ADDRESS IV-ST-2P SPRING HILL, FL 34609  REF ADDRESS IV-ST-2P INE REF ADDRES INE REF ADDRES IN		IS SPACE	IN T		stered Agent	OHN G HILL DRIVE	5252 SPRI
FILE NOWIII FEE IS \$150.00       9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees         A.       OFFICERS AND DIRECTORS	ar with, and accept	n the State of Florida. I am familiar with	ed agent, or both	ered office or register	-	of registered agent.	the obligation
ILE P PALEMO, JOHN 2443 COMERVOOD DRIVE SPRING HILL, FL 34609 ILE VP ME PALERMO, VALERIE RETADDRESS 2443 COMERVOOD DRIVE SPRING HILL, FL 34609 ILE ME REETADDRESS Y ST-2IP ILE ME REETADDRESS Y ST-2IP ILE ME REETADDRESS Y ST-2IP		UA IE	<b>00</b> May Be	ancing \$5.	9. Election Campaign Fin	DW!!! FEE IS \$150.00	FILE
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4. 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 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made upder oath; that I am an of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my figure appears in Block changed, or on an attachment with an address, with all other like empowered.	at the information officer or director k 10 or Block 11 if	orida Statutes. I further certify that the s if made upder oath; that I am an office and that my hame appears in Block 10	in Chapter 119, ame legal effect , Florida Statutes	exemptions contained ature shall have the uired by Chapter 607	and accurate and that my sign d to execute this report as req	is report or supplemental report is true ion or the receiver or trustee empower	<ul> <li>indicated or of the corpo</li> </ul>