

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000071718

1. Entity Name
BIG JOHN'S AUTO REPAIR, INC.



Principal Place of Business
15252 SPRING HILL DRIVE
BROOKSVILLE, FL 34609 US

Mailing Address
15252 SPRING HILL DRIVE
BROOKSVILLE, FL 34604 US



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3335837
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALERMO, JOHN
15252 SPRING HILL DRIVE
BROOKSVILLE, FL 34604

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000946004
05/30/08-80030-020 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME PALEMO, JOHN
STREET ADDRESS 2443 COMERWOOD DRIVE
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE VP
NAME PALERMO, VALERIE
STREET ADDRESS 2443 COMERWOOD DRIVE
CITY-ST-ZIP SPRING HILL, FL 34609

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: 4/29/08 Daytime Phone #