

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000051385

FILED  
Jan 30, 2004  
Secretary of State

Entity Name: ULTIMATE AUTO REPAIR INC.

**Current Principal Place of Business:**

2297 LAKE AVE  
B1  
LARGO, FL 33771 US

**New Principal Place of Business:**

**Current Mailing Address:**

2297 LAKE AVE  
B1  
LARGO, FL 33771 US

**New Mailing Address:**

FEI Number: 59-3386463      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARUANA, ROBERT J  
2297 LAKE AVE  
C6  
LARGO, FL 33771 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CARUANA, ROBERT JR  
Address: 2297 LAKE AVE B1  
City-St-Zip: LARGO, FL 33771

Title: ST ( ) Delete  
Name: CARUANA, KELLY  
Address: 2297 LAKE AVE B1  
City-St-Zip: LARGO, FL 33771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY CARUANA

ST

01/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date