2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2008 08:00 AN Secretary of State DOCUMENT # P97000059692 1. Entity Name FREDERICK AUTO REPAIR, INC. Principal Place of Business Mailing Address 3108 9TH ST., W. 3108 9TH ST., W. BRADENTON, FL 34205 BRADENTON, FL 34205 No Chg-P CR2E034 (11/05) 03272008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0773403 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FREDERICK, ROBERT S DO NOT WRITE 3108 9TH ST., W. **BRADENTON, FL 34205** 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when rematating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE Ď FREDERICK, ROBERT S NAME STREET ADDRESS 3108 9TH ST., W. BRADENTON, FL 34205 CITY-ST-7IP TITLE NAME U00000916917 05/13/08-80019-021 150.00 STREET ADDRESS CITY-ST-78 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

MICHATURE AND TYPED OF BROWTED NAME OF SIGNING OFFICER OF INSECTOR

941-748-1882

FILED