

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000093757

1. Entity Name
T.Q.I. AUTO REPAIR, INC.



Principal Place of Business
**210 BASE AVE
VENICE, FL 34285**

Mailing Address
**210 BASE AVE
VENICE, FL 34285**



07142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0808726** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, ANGELA
210 BASE AVE
VENICE, FL 34285**

**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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MARTIN, JOHN A
4316 LUBEC AVE
NORTH PORT, FL 34287**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MARTIN, WINNIE S
4316 LUBEC AVE
NORTH PORT, FL 34287**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
MARTIN, JOHN JR
125 AIRPORT AVE APT 15
VENICE, FL 34285**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11000009376316
08/12/05-80005-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

08-10-05

Date

Daytime Phone #

941-485-7039