


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90052 021 \*\*\*150.00

<b>DOCUMENT # P97000094621</b>					
1. Entity Name <b>R &amp; P AUTO-WORKS, INC.</b>					
Principal Place of Business <b>2746 LEONARD REID AVENUE SARASOTA FL 34234</b>			Mailing Address <b>PO BOX 1859 ONECO FL 34264</b>		
2. Principal Place of Business - No P.O. Box # <b>2746 Leonard Reid Ave</b>			3. Mailing Address <b>PO BOX 1859</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Sarasota FL</b>		City & State <b>ONECO FL</b>		4. FEI Number <b>65-0791814</b>	
Zip <b>34234</b>		Country <b>Sarasota</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34264</b>		Country <b>Manatee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DAVISON, ROBERT L 3260 BAY OAKS DRIVE SARASOTA FL 34234</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> Zip Code	
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 restatefulg) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P DAVISON, ROBERT L 3260 BAY OAKS DRIVE SARASOTA FL 34234 <i>1219 51st AVE E #175 BRADENTON, FL 34203</i>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY ST ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Robert Davison Pres.* **ROBERT DAVISON PRES.** *2-6-07* **941-358-1981**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #