

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107246

FILED  
Feb 22, 2005  
Secretary of State

Entity Name: CHRIS MANN'S AUTO REPAIR, INC.

## Current Principal Place of Business:

2318 SR 674 EAST  
RUSKIN, FL 33570 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 5099  
SUN CITY CENTER, FL 33571 US

## New Mailing Address:

FEI Number: 59-3484271      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PYLE, TERRENCE F  
707 DEL WEBB BLVD  
SUN CITY CENTER, FL 33573 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: DPT ( ) Delete  
Name: MANN, CHRISTOPHER L  
Address: 2406 TWO MANNS IN.  
City-St-Zip: WIMAUMA, FL 33598

Title: DVPS ( ) Delete  
Name: MANN, KATHY J  
Address: 2406 TWO MANNS IN.  
City-St-Zip: WIMAUMA, FL 33598

## 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: KATHY MANN

VP

02/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date