


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90122 031 ***150.00

DOCUMENT # P98000000569	
1. Entity Name MEYER PROFESSIONAL AUTOMOTIVE SERVICES, INC.	

Principal Place of Business 4990 PLACIDA RD. UNIT C ENGLEWOOD FL 34224	Mailing Address 4990 PLACIDA RD. UNIT C ENGLEWOOD FL 34224
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2. Principal Place of Business 2851 AVE OF THE AMERICA	3. Mailing Address 2851 AVE. OF THE AMERICA
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ENGLEWOOD, FLORIDA	City & State ENGLEWOOD, FLORIDA
Zip 34224	Zip 34224
Country CHARLOTTE	Country CHARLOTTE



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0804612		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MEYER, DAVID 4990 PLACIDA RD. UNIT C ENGLEWOOD FL 34224		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
State FL 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 *David Meyer* DATE 3/24/05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYER, DAVID 4990 PLACIDA RD. UNIT C ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID MEYER 843 E. 3RD ST. ENGLEWOOD, FLORIDA 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *David Meyer* DATE 3/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR