## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

Sep 06, 2007 08:00 AN Secretary of State DOCUMENT # P98000030957 CITY AUTO REPAIR, INC. Principal Place of Business Mailing Address 1410 E BAKER ST 1410 E BAKER ST PLANT CITY, FL 33563 PLANT CITY, FL 33563 07062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3497232 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLARK, ROBERT DO NOT WRITE 1410 E BAKER STREET PLANT CITY, FL 33563 IN THIS SPACE 1. 1. 1 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 4 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE CLARK, ROBERT J NAME 702 SUNSET RD. STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33566 TITLE 09/06/07-80005-019 150.00 NAME STREET ADDRESS CITY-ST-ZIP 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 filing 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**