FILED
May 12, 2006
Secretary o

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000041677

1. Entity Name
MARCHENA AUTO SERVICE, INC.

Principal Place of Business	Mailing Address
4443 SUMBEAN ROAD JACKSONVILLE, FL 32257-6070	4443 SUMBEAN ROAD JACKSONVILLE, FL 32257-6070

U00000564474
05/20/06-80064-007 158.75

05112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3513553
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARCHENA, MARLON
4836 SUSANNA WOODS CT
JACKSONVILLE, FL 32257

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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 _____ DATE
(If changing, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing.)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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	D
NAME	MARCHENA, MARLON
STREET ADDRESS	4836 SUSSANA WOOD CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	MARCHENA, AMPARO
STREET ADDRESS	4836 SUSSANA WOOD CT
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	MARCHENA, MARLYN
STREET ADDRESS	4836 SUSSANA WOOD CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	MARCHENA S., MARLON S
STREET ADDRESS	4836 SUSSANA WOOD CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____ 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #