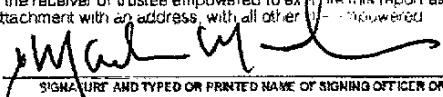


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000041677		
1. Entity Name MARCHENA AUTO SERVICE, INC.		
Principal Place of Business 4443 SUMBEAN ROAD JACKSONVILLE, FL 32257-6070		Mailing Address 4443 SUMBEAN ROAD JACKSONVILLE, FL 32257-6070
DO NOT WRITE IN THIS SPACE		
		05112006 No Chg-P CR2E034 (11/05)
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		
DO NOT WRITE IN THIS SPACE		
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 _____ For inclusion, type or print the name of registered agent and title if applicable. (NOTE: Registered agent signature required when renewing.) DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 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 NAME STREET ADDRESS CITY-ST-ZIP	D MARCHENA, MARLON 4836 SUSSANA WOOD CT. JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHENA, AMPARO 4836 SUSSANA WOOD CT JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHENA, MARLYN 4836 SUSSANA WOOD CT. JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHENA S., MARLON S 4836 SUSSANA WOOD CT. JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 checked, or on an attachment with an address, with all other officers, directors, and authorized signatories.		
SIGNATURE: 		4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date