

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000056284

1. Entity Name
JUSTIN CASE AUTO REPAIR INC.



Principal Place of Business
5870 S SUNCOAST BLVD
HOMOSASSA, FL 34446

Mailing Address
5870 S SUNCOAST BLVD
HOMOSASSA, FL 34446

**FILED
Jan 28, 2005 08:00 AM
Secretary of State**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2401500	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAWLACZYK, MICHAEL D
5870 S SUNCOAST BLVD
HOMOSASSA, FL 34446

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when translating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PAWLACZYK, MICHAEL D
STREET ADDRESS 5870 S SUNCOAST BLVD
CITY-ST-ZIP HOMOSASSA, FL 34446

0000000200821
01/28/05 80043-017 150.00

TITLE D
NAME PAWLACZYK, JACQUELINE J
STREET ADDRESS 5870 S SUNCOAST BLVD
CITY-ST-ZIP HOMOSASSA, FL 34446

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 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

Michael J Pawlaczek
Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #