

2007 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
Mar 01, 2007 08:00 A
Secretary of State



02192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

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

TITLE	
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03/12/07-80001-024 150.00

**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: **MICHAEL PAWLACZYK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 2-28-07
Date

✓ 352.628.1080
Daytime Phone #