

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90011 044 ***150.00

DOCUMENT # P98000105290 1. Entity Name AUTO WORX OF VENICE, INC.	
---	---

Principal Place of Business 333 S SEABOARD AVE. UNIT D VENICE, FL 34285	Mailing Address 333 S SEABOARD AVE. UNIT D VENICE, FL 34285
--	--

DO NOT WRITE IN THIS SPACE

(P98000105290P)

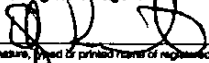
04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0862776	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent KIRKLAND, DARYL 333 S SEABOARD AVE. UNIT D VENICE, FL 34285	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  DATE 4-26-07
Signature, Print or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

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 NAME STREET ADDRESS CITY - ST - ZIP	P KIRKLAND, DARYL 333 S SEABOARD AVE., UNIT D VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:  DATE 4-26-07 DAYTIME PHONE # 941-485-9166
SIGNATURE AND TITLE OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Date Daytime Phone #