2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000006810

1. Entity Name
ANDRE'S AUTO & TRUCK SERVICES, INC.

Principal Place of Business

430 DOUGLAS ROAD EAST
SUITE E
OLDSMAR, FL 34677

Mailing Address

605 LIMETREE DRIVE
OLDSMAR, FL 34677

DO NOT WRITE IN THIS SPACE

01062006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0894838		Not Applicable

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

6. Name and Address of Current Registered Agent

MILOT, ANDRE
605 LIMETREE DRIVE
OLDSMAR, FL 34677

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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 _____

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILOT, ANDRE
STREET ADDRESS	605 LIMETREE DRIVE
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	VSTD
NAME	MILOT, ANNE
STREET ADDRESS	605 LIMETREE DRIVE
CITY-ST-ZIP	OLDSMAR, FL 34677

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01/18/06-80038-024 150.00

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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: _Anne R. Milot_ Anne R. Milot   01/10/06 (813) 855-3010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #