

2008 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000006810 1. Entity Name ANDRE'S AUTO & TRUCK SERVICES, INC.	
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FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business 430 DOUGLAS ROAD EAST SUITE E OLDSMAR, FL 34677	Mailing Address 605 LIMETREE DRIVE OLDSMAR, FL 34677
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01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0894838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00

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

U00000954378
 07/11/08-80011-002 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILOT, ANDRE 605 LIMETREE DRIVE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MILOT, ANNE 605 LIMETREE DRIVE OLDSMAR, FL 34677
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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: Andre M. Milot 07/09/08 (813) 855-3010

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