


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000029507</b>	
<b>1. Entity Name</b> MEEHAN'S AUTOMOTIVE, INC.	

<b>Principal Place of Business</b> 1360 HUFFMAN ROAD PORT ST. LUCIE, FL 34952	<b>Mailing Address</b> 1360 HUFFMAN ROAD PORT ST. LUCIE, FL 34952
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 65-0913178	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

MEEHAN, PAMELA  
1360 HUFFMAN ROAD  
PORT ST. LUCIE, FL 34952

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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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1000000550182 05/13/06-80031-018 150.00
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> D	<b>NAME</b> MEEHAN, PAMELA
<b>STREET ADDRESS</b> 1802 CHELTENHAM STREET	
<b>CITY-ST-ZIP</b> PORT ST. LUCIE, FL 34953	
<b>TITLE</b> D	<b>NAME</b> MEEHAN, THOMAS P
<b>STREET ADDRESS</b> 1802 CHELTENHAM STREET	
<b>CITY-ST-ZIP</b> PORT ST. LUCIE, FL 34952	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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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:**  **Pamela Meehan, President** 4/26/06 772-335-4101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #