2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 04, 2005 8:00 am **Secretary of State** DOCUMENT # P99000037853 1. Entity Name 02-04-2005 90046 049 ***150.00 TERRY'S ENGINE REPAIR, INC. Principal Place of Business Mailing Address 3110 72 AVE EAST LUUMIUUI 3110 72 AVE EAST **ELLENTON FL 34222 ELLENTON FL 34222** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0923837 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOETHE, JEFFREY S Street Address (P.O. Box Number is Not Acceptable) 406 13 STREET WEST **BRADENTON FL 34205** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE ☐ Detete TITLE NAME TERRY, HANNAH NAME 3110 72ND AVENUE E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ELLENTON FL 34222** CITY-ST-ZIP WENDY L. HT ☐ Detete TITLE ☐ Addition Secretary WELSH, WINDY W wersh, wendy L NAME NAME STREET ADDRESS 3110 72 AVE EAST STREET ADDRESS 4975 CITY-ST-ZIP **ELLENTON FL 34222** CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition THE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP ☐ Delete THTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.