


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000056141</b>	
<b>1. Entity Name</b> C & S AUTOMOTIVE REPAIRS, INC.	

<b>Principal Place of Business</b> 2106 OLD HICKORY TREE ROAD SAINT CLOUD, FL 34772	<b>Mailing Address</b> P O BOX 700625 SAINT CLOUD, FL 34769
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01242006 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 59-3583361	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  SMITH, CHARLES D 337 DAKOTA AVENUE ST. CLOUD, FL 34769
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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 reissuing) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 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>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> P	<b>NAME</b> SMITH, CHARLES D
<b>STREET ADDRESS</b> 337 DAKOTA AVE	<b>CITY- ST- ZIP</b> SAINT CLOUD, FL 34769
<b>TITLE</b> V	<b>NAME</b> SMITH, SHERRI
<b>STREET ADDRESS</b> 337 DAKOTA AVE	<b>CITY- ST- ZIP</b> SAINT CLOUD, FL 34769
<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>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>

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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:**  **Charles Smith** **1/26/06 407-891-7272**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #