2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 07, 2006 08:00 AM Secretary of State DOCUMENT # P99000057109 1. Entity Name COMPLETE AUTOMOTIVE OF ENGLEWOOD, INC. Principal Place of Business Mailing Address 1695 LANTANA AVE 1695 LANTANA AVE ENGLEWOOD FL ENGLEWOOD FL 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0930679 Not Applicat Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MASAKOWSKI, LINDA 179 MEDALIST ROAD Street Address (P.O. Box Number is Not Acceptable) **ROTONDA FL 33947** City Zip Code 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 pretted name of registered agent and title if applicable DATE (NOTE: Registured Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May : 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State to. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. эли ☐ Change ☐ ##. THE ☐ Delete NAME NAME MASAKOWSKI, LINDA U00000498645 STREET ADDRESS 179 MEDALIST RD STREET ADDRESS 04/22/06-80022-014 150**.00** CITY-ST-ZIP ROTONDA WEST FL 33947 CITY-ST-ZIP ☐ Change □ Adv TITLE ☐ Defete THE MAME MASAKOWSKI, PETER 25A355 STREET ADDRESS STREET ADDRESS 179 MEDALIST RD CITY-ST-ZIP **ROTONDA WEST FL 33947** CITY-ST-ZIP ☐ Change Mic Adic TITLE Detete TSTS F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-772 CHTY-ST-ZIP Delete THE E 31115 ☐ Change T in NAME NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NUMBER NAR4F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HTLE Defete Change □ Mi 787 a F NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-702 CITY-SI-ZIP 12. I hereby certify that the information supplied with this hing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the informaticidated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path, that I am an officer or directly 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 Glock if changed, or on an attachment with an address, with an other like empowered

LINDA MASAKOWSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

3/30/06 941 4745,