
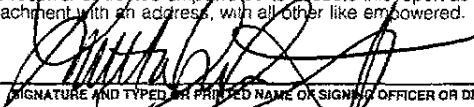


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 25, 2006 08:00 AM
Secretary of State

| | | | | | |
|--|-------------------------|---------------------------------|---|--|--|
| DOCUMENT # P99000057765 | | | |  | |
| 1. Entity Name MOBILE TECH AUTO, INC. | | | | | |
| Principal Place of Business 490 WEST STATE ROAD 434 LONGWOOD FL 32750 | | | Mailing Address 490 WEST STATE ROAD 434 LONGWOOD FL 32750 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | SMITH, JAMES T | | NAME | | |
| STREET ADDRESS | 490 WEST STATE ROAD 434 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | | CITY-ST-ZIP | U000000533345 05/06/06-80121-004 150.00 | |
| TITLE | VSTD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | SMITH, LORETTA S | | NAME | | |
| STREET ADDRESS | 490 WEST STATE ROAD 434 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  | | | Loretta Sue Smith 4/20/06 407-461-9572 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |



1st MOORE CR2E034 (10/05)

4. FEI Number 59-3586727 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

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NAME SMITH, JAMES T
STREET ADDRESS 490 WEST STATE ROAD 434
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP U000000533345
05/06/06-80121-004 150.00

TITLE VSTD ☐ Delete
NAME SMITH, LORETTA S
STREET ADDRESS 490 WEST STATE ROAD 434
CITY-ST-ZIP LONGWOOD FL 32750

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SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loretta Sue Smith 4/20/06 407-461-9572
Date Daytime Phone #