## 2005 FOR PROFIT CORPORATION

## Apr 18, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P99000078049 TONY'S AUTO CENTER, INC. Principal Place of Business Mailing Address 1888 CANOVA ST SE 1888 CANOVA ST SE PALM BAY, FL 32909 PALM BAY, FL 32909 CR2E034 (10/03) 04112005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3598063 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARNO, ANDREW P DO NOT WRITE ARNO FINANCIAL SERVICES, INC. 1601 AIRPORT BLVD STE 2 IN THIS SPACE W MELBOURNE, FL 32904 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 reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CANUP, GARY NAME STREET ADDRESS 538 HOLMES AVE NW PALM BAY, FL 32907 CITY-ST-ZIP TITLE VP 1000000314680 (14/19/05-8(1004-1)03 190.00 NAME STEELE, GARY 915 SARETA ST SE STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32909 TITLE CANUP, LAURA NAME STREET ADDRESS 538 HOLMES AVE NW DO NOT WRITE CITY-ST-ZIP PALM BAY, FL 32907 IN THIS SPACE TITLE STEELE, BARBARA NAME 915 SARETA ST NE STREET ADDRESS PALM BAY, FL 32909 CITY - ST - ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing 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 eath; 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 a supplemental 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 a supplemental 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

4105

321726 592

FILED