2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P99000081925 Feb 01, 2006 08:00 AM 1. Entity Name **Secretary of State** HALVORSEN AUTO RESTYLING, INC. Mailing Address Principal Place of Business 926 PERSIMMON AVE 926 PERSIMMON AVE SEBRING FL 33870 SEBRING FL 33870 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0938461 Not Applican 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAW OFFICE OF JAMES F. MCCOLLUM, P.A. 129 SOUTH COMMERCE AVE Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 33870 City Zip Code FI 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 (NOTE Registered Agent signature required when reinstalling) Signature, typical or printed name of registered agent and tato it applicable DATE FILE NOW!!! EEE IS \$150.00 9. Election Campaign Financing \$5.00 May 2 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. ☐ Delete ☐ Change TITLE TITLE HH0000415034 NAME NAME HALVORSEN, LYLE W 02/11/06-80067-001 158.75 STREET ADDRESS STREET ADDRESS 926 PERSIMMON AVE. CITY-ST-ZIP CITY-ST-ZIE SEBRING FL 33870 Delete TITLE ☐ Change And a THE NAME NAME HALVORSEN, ERIN S STREET ADDRESS 926 PERSIMMON AVE STREET ADDRESS CHY-ST-7F SEBRING FL 33870 CITY-ST-ZP ☐ Ac. THE ☐ Detete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete ☐ Change TITLE BILL TIA) " NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP GITY-ST-ZIP ☐ Aı Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY ST- ZIE ☐ Delete THTLE ☐ Change Ani NAME STREET ADDRESS STREET ADDRESS 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 direction 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 1

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: