

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000083895.					
<b>1. Entity Name</b> TIM'S AUTOMOTIVE OF VENICE, INC.					
<b>Principal Place of Business</b> 208 B WARFIELD AVE VENICE, FL 34285			<b>Mailing Address</b> 208 B WARFIELD AVE VENICE, FL 34285		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0949032	
Zip		Country		<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> JUFFE, FLISCHEL & MURTHA, PA 900 PINE STREET SUITE 126 ENGLEWOOD, FL 34223				<b>7. Name and Address of New Registered Agent</b> Name: <b>MARK H KNAUF P.A.</b> Street Address (P.O. Box Number is Not Acceptable): <b>2230 SOUTH McALL RD</b> City: <b>ENGLEWOOD</b> FL Zip Code: <b>34223</b>	
<b>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.</b> SIGNATURE: <u>Timothy L. Heath</u> <b>TIMOTHY L HEATH - PRES</b> DATE: <b>4-3-2012</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2012 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HEATH, TIMOTHY L 1601 HAMMOCK DR NOKOMIS, FL 34275	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HEATH, MARTHA J 1601 HAMMOCK DR NOKOMIS, FL 34275	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>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.</b>			700234815377 05/08/12--01022--001 **\$150.00		
SIGNATURE: <u>Timothy L. Heath - Pres.</u> <b>TIMOTHY L HEATH</b> DATE: <b>4-3-2012</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		E-MAIL ADDRESS	

12 MAY -8 PM 2:25



04252012 Chg-P CR2E034 (12/11)

Applied For  
Not Applicable

8.75 Additional Fee Required

4-3-2012

Thaeth 9548 @

MAY -8 2012

A. DUNLAP