

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000086300

1. Entity Name
PRO AUTO REPAIR SERVICE CORPORATION



Principal Place of Business

355 BRANSON DR.
ORLANDO, FL 32805

Mailing Address

355 BRANSON DR.
ORLANDO, FL 32805

DO NOT WRITE IN THIS SPACE



02242007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3602327

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALMON, DONOVAN
355 BRANSON DRIVE
ORLANDO, FL 32805

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IN THIS SPACE

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SALMON, DONOVAN
STREET ADDRESS	6803 HENNEPIN BLVD
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	ST
NAME	SALMON, SHAUN
STREET ADDRESS	6803 HENNEPIN BLVD
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/07 407-298-1330

Date

Daytime Phone #