

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000102105

1. Entity Name
COUNTY LINE AUTO REPAIR INC.



Principal Place of Business
15526 COUNTY LINE ROAD
SPRING HILL, FL 34610

Mailing Address
15526 COUNTY LINE ROAD
SPRING HILL, FL 34610



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3614049	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AMARSINGH, MOTEELALL
12402 EVERARD DRIVE
SPRING HILL, FL 34609

**DO NOT WRITE
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, 2006 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	AMARSINGH, MOTEELALL
STREET ADDRESS	12402 EVERARD DRIVE
CITY- ST- ZIP	SPRING HILL, FL 34609

TITLE	
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01/25/06-80026-023 158.75

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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: Moteelall Amarsingh **1/13/06 727 379 9313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #