


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90070 026 ***158.75

DOCUMENT # P99000102361 1. Entity Name SUPER SERVICE AUTO REPAIR, INC.					
Principal Place of Business 260 E OAKRIDGE RD ORLANDO FL 32809			Mailing Address 2120 EAGLEVIEW CT KISSIMMEE FL 34746		
2. Principal Place of Business SAME.		3. Mailing Address SAME.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 	Country 	Zip 	Country 	4. FEI Number AP-PLIED FOR	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div> WING, U.N. KEE 4922 TEABERRY CT ORLANDO FL 32824 </div> <div> 2120 EAGLE VIEW CT. KISSIMMEE - FL. 34746. </div> </div>			7. Name and Address of New Registered Agent <div style="display: flex; justify-content: space-between;"> <div> WING, U.N. KEE 4922 TEABERRY CT ORLANDO FL 32824 </div> <div> 2120 EAGLE VIEW CT. KISSIMMEE - FL. 34746. </div> </div>		
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <i>U.N. KEE WING</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> U.N. KEE WING. <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> 1/25/05. <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			CHECK# 6961		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WING, KEE UN 2120 EAGLE VIEW COURT KISSIMMEE FL 34746		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <i>U.N. KEE WING</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/25/05. (407) 850-4142. <small>Date Daytime Phone #</small>		

20006675



1st MOORE CR2E034 (10/04)

59-3606077

Applied For
Not Applicable

FL Zip Code

1/25/05.

\$5.00 May Be
Added to Fees