## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT Feb 21, 2007 08:00 AM **DOCUMENT # P99000106879 Secretary of State** 1. Entity Name MANFRED'S AUTOMOTIVE, INC. Principal Place of Business Mailing Address 568 INDUSTRIAL BLVD 568 INDUSTRIAL BLVD NAPLES, FL 34104 NAPLES, FL 34104 US 01312007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 59-3614398 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRUKOW, HEATHER DO NOT WRITE 2617 LONGBOAT DR. NAPLES, FL 34104 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 Signature, typed or printed name of registered agent and title if applicable U00000642062 9. Election Campaign Financing \$5.00 May Be 03/01/07-80027-010 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. Ď TITLE KRUKOW, ERIC J NAME 2617 LONGOBAT DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 D TITLE KRUKOW, HEATHER NAME 2617 LONGBOAT DRIVE STREET ADDRESS NAPLES, FL 34104 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 BIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

2/16/07 239 430 2204

FILED