2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90029 021 ***150.00

DOCUMENT # P99000109553

1. Entity Name
R P M AUTO REPAIR INC.

Principal Place of Business	Mailing Address
3324 GRAND BLVD HOLIDAY FL 34690	3324 GRAND BLVD HOLIDAY FL 34690

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3324 GRAND Blvd.	3324 GRAND BLVD
Suite, Apt. #, etc.: HOLIDAY FLORIDA	Suite, Apt. #, etc.:
City & State: FLORIDA	City & State: HOLIDAY FLORIDA
Zip: 34690 County: PASCO	Zip: 34690 County: PASCO

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3613969 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOLOSIK, RENATA
12845 KENT GROVE DR
SPRING HILL FL 34610

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 Renata Wolosik 01/23/08
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOTYL, MARIUSZ 12845 KENT GROVE DR SPRING HILL FL 34610	☐ Delete	MOTYL MARIUSZ 5916 RIVERLAWN CT. HOLIDAY, FL 34690	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WOLOSIK, RENATA 12845 KENT GROVE DR SPRING HILL FL 34610	☐ Delete	WOLOSIK RENATA 5916 RIVERLAWN CT. HOLIDAY, FL 34690	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Renata Wolosik 01/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #