


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # S14180 1. Entity Name CONVENIENT AUTO REPAIR SERVICES, INC. |  |
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| Principal Place of Business 386 WINGATE CIRCLE OLDSMAR, FL 34677-4611 US | Mailing Address 386 WINGATE CIRCLE OLDSMAR, FL 34677-4611 US |
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DO NOT WRITE IN THIS SPACE



02182005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3055268 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DONOVAN, ROBERT E PRES 386 WINGATE CIRCLE OLDSMAR, FL 34677 |
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**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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DONOVAN, ROBERT E. 386 WINGATE CIRCLE OLDSMAR, FL 346774611 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS DONOVAN, DIANA L. 1920 PALM DR. CLEARWATER, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DONOVAN, DIANA L. 386 WINGATE CIRCLE OLDSMAR, FL 346774611 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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04/11/05-88022-010 150.00

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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: ROBERT DONOVAN  4-8-05 777-458-4965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #