


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90108 030 ***150.00

DOCUMENT # S72887 1. Entity Name A-N-C DIESEL REPAIR, INC.					
Principal Place of Business 520 MAGNOLIA AVE WINTER GARDEN, FL 34787 US			Mailing Address PO BOX 784583 WINTER GARDEN, FL 34778 US		
2. Principal Place of Business - No P.O. Box # 7322 GROVELAND FARMS RD		3. Mailing Address Suite, Apt. #, etc.			
City & State GROVELAND FL		City & State Suite, Apt. #, etc.		4. FEI Number 59-3077421	
Zip 34736		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COON, NEIL 520 MAGNOLIA STREET WINTER GARDEN, FL 34787			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7322 GROVELAND FARMS RD City GROVELAND FL Zip Code 34736		
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 <u>PRES</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP COON, NEIL 520 MAGNOLIA STREET WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT COON, VICKI A. 520 MAGNOLIA STREET WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COON NEIL 7322 GROVELAND FARMS RD GROVELAND FL 34736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COON VICKI A 7322 GROVELAND FARMS RD GROVELAND FL 34736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COON VICKI A 7322 GROVELAND FARMS RD GROVELAND FL 34736	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COON VICKI A 7322 GROVELAND FARMS RD GROVELAND FL 34736	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COON VICKI A 7322 GROVELAND FARMS RD GROVELAND FL 34736	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Neil Coon</u> NEIL COON PRES 1-31-07 (407) 925-4850 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					