

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S88859

1. Entity Name
PAT'S AUTOMOTIVE SERVICE, INC.



**FILED
Apr 02, 2008 8:00 am
Secretary of State**

04-02-2008 90026 013 ***150.00

Principal Place of Business
7191 US HWY 19 NORTH
PINELLAS PARK, FL 33781 US

Mailing Address
7191 US HWY 19 NORTH
PINELLAS PARK, FL 33781 US



DO NOT WRITE IN THIS SPACE

02212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3102590	Applied For Not Applicable
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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

KOGELMANN, PATRICK
8329 81ST ST N
SEMINOLE, FL 34647

**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

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	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	D
NAME	KOGELMANN, PATRICK W
STREET ADDRESS	8329 81ST ST N
CITY-ST-ZIP	SEMINOLE, FL
TITLE	D
NAME	KOGELMANN, HOLLY B.
STREET ADDRESS	8329 81ST ST N
CITY-ST-ZIP	SEMINOLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick Kogelman / 331-08 727-522-380

Date

Daytime Phone #