2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 07, 2008 08:00 A Secretary of State DOCUMENT #V67561 CARL'S AUTO REPAIR OF S.W. FLORIDA, INC. Principal Place of Business Mailing Address 20 CABANA AVE 20 CABANA AVE N. FT. MYERS, FL 33903 N. FT. MYERS, FL 33903 US 01062008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0359139 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent **BRADLEY, SUSANNE** DO NOT WRITE 20 CABANA AVE NORTH FT. MYERS, FL 33903 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPST TITLE NAME BRADLEY, SUSANNE STREET ADDRESS 20 CABANA AVE U00000984540 CITY-ST-ZIP N. FT. MYERS, FL 04/17/08-80048-003 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

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 like empowered.

SIGNATURE:

NAME STREET ADDRESS CİTY-ST-ZIP

SIGNING OFFICER OR DIRECTOR