

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

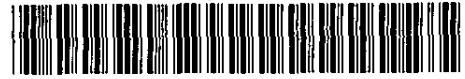
FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # G47578



1. Entity Name
BROWARD GEAR & DRIVELINE, INC.

Principal Place of Business Mailing Address
 % DANNY VAN CAMP 4812 TAFT ST
 211 SW 29TH STREET HOLLYWOOD FL 33021-4035
 FT. LAUDERDALE FL 33315



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FE# Number **59-2302930** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANNY VAN CAMP
211 SW 29TH STREET
FT. LAUDERDALE FL 33315

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature requires when required.)

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 **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	VAN CAMP, DANNY	
STREET ADDRESS	211 SW 29TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	VAN CAMP, DONNA	
STREET ADDRESS	211 SW 29TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
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 02/08/08-80055-012 150.00

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: *Danny R. Van Camp* President **DANNY R. VAN CAMP** 1-30-08 954-524-0311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: 10 Phone #