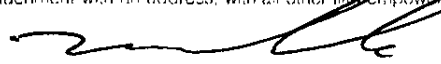


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 531091 1. Entity Name NORTH BAY AUTO SERVICE, INC.																																																																																																																																																					
Principal Place of Business 3102 ALT. 19 N. PALM HARBOR FL 34683			Mailing Address 3102 ALT. 19 N. PALM HARBOR FL 34683																																																																																																																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																		
City & State Zip			City & State Zip																																																																																																																																																		
Country			Country																																																																																																																																																		
4. FEI Number 59-1729310 ☐ Applied For ☐ Not Applicable																																																																																																																																																					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																																																					
6. Name and Address of Current Registered Agent HATCH, MICHAEL E 3102 ALT. 19 N. PALM HARBOR FL 34683 7. Name and Address of New Registered Agent 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 _____ Signature typed or printed name of registered agent and fee (if applicable) (NOTE: Registered Agent signature required when re-registering) DATE																																																																																																																																																					
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 Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																																																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>HATCH, MICHAEL E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3102 ALT. 19 N.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PALM HARBOR FL 34683</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY- ST- ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY- ST- ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY- ST- ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY- ST- ZIP</td><td></td><td></td></tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">U00000320188</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>05/14/08-80034-002 150.00</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY- ST- ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY- ST- ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY- ST- ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY- ST- ZIP</td><td></td><td></td></tr> </table>						TITLE	P	☐ Delete	NAME	HATCH, MICHAEL E		STREET ADDRESS	3102 ALT. 19 N.		CITY- ST- ZIP	PALM HARBOR FL 34683					TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP						TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP						TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP						TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE	U00000320188	☐ Change ☐ Addition	NAME			STREET ADDRESS	05/14/08-80034-002 150.00		CITY- ST- ZIP						TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP						TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP						TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP						TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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:  **Michael Hatch** **President** **4-22-08** **787-785-9892**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR