

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90265 001 ****75.00
05-01-2008 90265 002 ****75.00

DOCUMENT # 666390

1. Entity Name
BRITISH AMERICAN AND FOREIGN AUTO REPAIR, INC.



Principal Place of Business
**241 S. PALMETTO AVENUE
DAYTONA BEACH, FL 32114-4332**

Mailing Address
**241 S. PALMETTO AVENUE
DAYTONA BEACH, FL 32114-4332**

66008935



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-1992555

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

**FRAZER, ROBERT D.
1337 SHANGRI-LA DRIVE
DAYTONA BEACH, FL 32019**

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 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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **ZAHARIOUS, DELORES**
STREET ADDRESS **1301 JOHN ANDERSON DR.**
CITY-ST-ZIP **ORMOND BEACH, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **ZAHARIOS, GEORGE**
STREET ADDRESS **723 KNOLL VIEW BLVD**
CITY-ST-ZIP **ORMOND BEACH, FL**

TITLE ☒ Change ☐ Addition
NAME **889 JOHN ANDERSON DR**
STREET ADDRESS **ORMOND BEACH, FL 32174**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **ZAHARIOS, MICHAEL**
STREET ADDRESS **30 WOODBOURNE LN.**
CITY-ST-ZIP **ORMOND BEACH, FL**

TITLE ☒ Change ☐ Addition
NAME **4 BOX ELDER CT**
STREET ADDRESS **ORMOND BEACH, FL 32174**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/28/08

Date

386 7671242

Daytime Phone #