

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2008 08:00 AM
Secretary of State

DOCUMENT # 670346

1. Entity Name
DAN'S AUTO AIR, INC.



Principal Place of Business

**1360 HAINES ST
JAX, FL 32206**

Mailing Address

**1360 HAINES ST
JAX, FL 32206**

DO NOT WRITE IN THIS SPACE



07142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2242529	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHOLAR, JIMMY E.
8090 ATLANTIC BV
JACKSONVILLE, FL 32211**

**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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000955439
07/17/08-80002-025 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHOLAR, JIMMY E. 215 BOWLES STREET NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHOLAR, JIMMY E. II 11694 HIDDEN HILLS DRIVE SOUTH JACKSONVILLE, FL 32235
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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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jimmy E. Sholar SR Pres

7/15/08 9043553981