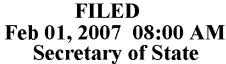
2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # F12198



ZYCH'S CERTIFIED AUTO SERVICE, INC.				Secretary of S	state	
Principal Place of Business 1194 WEST HWY 436 ALTAMONTE SPRINGS FL 32714		Mailing Addross 1194 WEST HWY 436 ALTAMONTE SPRINGS FL 32714				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		-		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/06)		
City & State		City & State		59-2051//2	lied For Applicable	
Zip 	Country	Zip	Country	5. Cortificate of Status Desired	ional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
ZYCH, EDWARD JAMES 1220 ACADEMY DR			Name Street Address	Stroet Address (P.O. Box Number is Not Acceptable)		
	SPGS FL 32714			(TO. DOX Notified to Not Note page 5)		
			City	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 1-29-07						
	Signardia, typed of printed name of registered agent a	notificable. (NOTE	: Registered Agent signature requir	ed when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					May Be to Fees	
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDV ZYCH, JAMES EDWARD 1220 ACADEMY DR. ALTAMONTE SPRINGS FL	☐ Delete	TITLE NAME STRIFT ADDRESS CHY-ST-ZIP	□ Change U00000615633 02/06/07-80079-003 150.0	☐ Addition	
NAME SIREET ADDRESS CITY: SI-ZIP		☐ Delete	IIILE NAME STREET ADDRESS CITY-ST-7;P		Addition	
TITLE NAME STREET ADDRESS CHY-SI-ZIP	· -•	☐ Delete	TITLE NAMF STREET ADDRESS CITY-SI-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-SI-ZIP	☐ Change	☐ Addition	
ITTE NAME SINLET ADDRESS CITY-ST-ZIP		Delete	THE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMT. STREET ADDRESS CTPY-ST-ZIP	☐ Change	Addition	

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 eath; 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: _

1-29-07