

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12198

**FILED**  
**Jan 08, 2009**  
**Secretary of State**

**Entity Name:** ZYCH'S CERTIFIED AUTO SERVICE, INC.

**Current Principal Place of Business:**

1194 WEST HWY 436  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

1194 WEST HWY 436  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 59-2051772

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZYCH, EDWARD JAMES  
1220 ACADEMY DR  
ALT SPGS, FL 32714 US

**Name and Address of New Registered Agent:**

ZYCH, EDWARD JAMES  
1220 ACADEMY DR  
ALTAMONTE SPINGS, FL 32714 US

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.

**SIGNATURE:** JAMES EDWARD ZYCH

01/08/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PDV ( ) Delete  
**Name:** ZYCH, JAMES EDWARD,  
**Address:** 1220 ACADEMY DR.  
**City-St-Zip:** ALTAMONTE SPRINGS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JAMES EDWARD ZYCH

OWNE

01/08/2009

Electronic Signature of Signing Officer or Director

Date