

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # F26506	
1. Entity Name FOREIGN AND DOMESTIC AUTO REPAIR, INC.	

Principal Place of Business 1140 NE DIXIE HWY C/O MITCHELL L COYLE JENSEN BEACH, FL 34957	Mailing Address 1140 NE DIXIE HWY C/O MITCHELL L COYLE JENSEN BEACH, FL 34957
---	---



03232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2096280

Applied For	Not Applicable
-------------	----------------

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent COYLE, MITCHELL L 2287 N.E 16TH CT JENSEN BEACH, FL 34957

**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 \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COYLE, MITCHELL L 1140 NE DIXIE HWY JENSEN BCH, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COYLE, JOANNE M 1140 NE DIXIE HWY JENSEN BCH, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COYLE, JOANNE M 1140 NE DIXIE HWY JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1000000484590
74/12/06-80047-024 158.75

**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 like empowered.

SIGNATURE:

