

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F26506

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: FOREIGN AND DOMESTIC AUTO REPAIR, INC.

## Current Principal Place of Business:

1140 NE DIXIE HWY  
C/O MITCHELL L COYLE  
JENSEN BEACH, FL 34957

## New Principal Place of Business:

## Current Mailing Address:

1140 NE DIXIE HWY  
C/O MITCHELL L COYLE  
JENSEN BEACH, FL 34957

## New Mailing Address:

2287 N.E 16TH CT  
C/O MITCHELL L COYLE  
JENSEN BEACH, FL 34957

FEI Number: 59-2096280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COYLE, MITCHELL L  
2287 N.E 16TH CT  
JENSEN BEACH, FL 34957 US

## Name and Address of New Registered Agent:

COYLE, MITCHELL L L  
2287 N.E 16TH CT  
JENSEN BEACH, FL 34957 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: MITCHELL L. COYLE

04/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COYLE, MITCHELL L  
Address: 1140 NE DIXIE HWY  
City-St-Zip: JENSEN BCH, FL 34957

Title: VP ( ) Delete  
Name: COYLE, JOANNE M  
Address: 1140 NE DIXIE HWY  
City-St-Zip: JENSEN BCH, FL 34957

Title: S ( ) Delete  
Name: COYLE, JOANNE M  
Address: 1140 NE DIXIE HWY  
City-St-Zip: JENSEN BEACH, FL 34957

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COYLE, MITCHELL L  
Address: 2287 N.E 16TH CT  
City-St-Zip: JENSEN BCH, FL 34957

Title: VP (X) Change ( ) Addition  
Name: COYLE, JOANNE M  
Address: 2287 N.E 16TH CT  
City-St-Zip: JENSEN BCH, FL 34957

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MITCHELL L. COYLE

PRES

04/17/2007

Electronic Signature of Signing Officer or Director

Date