2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90041 018 ***150.00

DOCUMENT # F26506

1. Entity Name

FOREIGN AND DOMESTIC AUTO REPAIR, INC.

Principal Place of Business	Mailing Address
1140 NE DIXIE HWY C/O MITCHELL L COYLE JENSEN BEACH FL 34957	2287 N.E 16TH CT C/O MITCHELL L COYLE JENSEN BEACH FL 34957

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 L
2287 N.E 16TH CT
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name Joanne M. Coyle
Street Address (P.O. Box Number is Not Acceptable) 2287 NE 16th Court
City Jenoen Bch FL Zip Code 34957

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 Joanne M Coyle March 8. 08
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changing it) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COYLE, MITCHELL L 2287 N.E 16TH CT JENSEN BCH FL 34957	☒ Delete Deceased	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COYLE, JOANNE M 2287 N.E 16TH CT JENSEN BCH FL 34957	☐ Delete President	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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: Joanne M. Coyle Joanne M. Coyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #