

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.

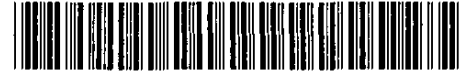


Principal Place of Business

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

Mailing Address

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



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

1st MOORE

CR2E034 (10/07)

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 Jensen Bch FL 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

(NOTE: Registered Agent signature required when name change)

DATE

March 8, 08

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COYLE, MITCHELL L 2287 N.E. 16TH CT JENSEN BCH FL 34957 <i>Deceased</i>	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COYLE, JOANNE M 2287 N.E. 16TH CT JENSEN BCH FL 34957 <i>President</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COYLE, JOANNE M 1140 NE DIXIE HWY JENSEN BEACH FL 34957	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-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 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 #