

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H46869

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** ZYCH CERTIFIED AUTO REPAIR, APOPKA CHEVRON, INC.

**Current Principal Place of Business:**

545 S ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

545 S ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number:** 52-1390105

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZYCH, ROBERT T  
344 NORTH LAKE AVE.  
APOPKA, FL 32703 US

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

ZYCH, ROBERT T OWNER  
344 NORTH LAKE AVE.  
APOPKA, FL 32703 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: ROBERT T ZYCH

02/19/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: OWNE  
Name: ZYCH, ROBERT T OWNER  
Address: 344 NORTH LAKE AVE  
City-St-Zip: APOPKA, FL

Title: ST  
Name: ZYCH, LUANE  
Address: 344 NORTH LAKE AVE  
City-St-Zip: APOPKA, FL

I hereby 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 all other like empowered.

SIGNATURE: ROBERT T ZYCH

OWNE

02/19/2010

Electronic Signature of Signing Officer or Director

Date