2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCL	JMF	=NT #	L24	1500

1. Entity Name

DOVER SHORES AUTO SERVICE INC.



Principal Place of Business

1579 MORRISTOWN AVE. ORLANDO, FL 32806 US Mailing Address

1579 MORRISTOWN AVE. ORLANDO, FL 32806 US



DO NOT WRITE IN THIS SPACE

03202007 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For
59-3001123		Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Reg	Additional uired

6. Name and Address of Current Registered Agent

STARLING, RICHARD 5073 NO. KALIGA DRIVE ST. CLOUD, FL 34771

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 a	pplicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE			
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECT	ORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STARLING, RICHARD 5073 NO. KALIGA DR. ST. CLOUD, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000726408 05/04/07-80006-013 150.0			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP		:						
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								

12. Thereby certify that the information supplied with this fining does not quality 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07

107-894-454