

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L50050**

1. Entity Name

D & D TRANSMISSION AND AUTO REPAIR, INC.



Principal Place of Business

C/O WALTER C. BAGNELL  
1120 S MILITARY TRAIL  
WEST PALM BCH. FL 33415

Mailing Address

C/O WALTER C. BAGNELL  
1120 S MILITARY TRAIL  
WEST PALM BCH. FL 33415



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

65-0166716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAGNELL, WALTER C.  
1120 S MILITARY TRAIL  
WEST PALM BCH. FL 33415

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 applicable).

(NOTE: Registered Agent signature required when resigning.)

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	D	<input type="checkbox"/> Delete
NAME	BAGNELL, WALTER C.	
STREET ADDRESS	448 MUIRFIELD DR	
CITY-ST-ZIP	ATLANTIC FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAGNELL, MARY A.	
STREET ADDRESS	448 MUIRFIELD DR	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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02/06/08-90059-013 150.00

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:

*Walter C. Bagnell*

WALTER C. BAGNELL

1-29-08 561-642-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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