

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000007166

1. Entity Name
DARLENE'S DETAIL SHOP, INC.



Principal Place of Business

**516 EDWARD RD
STARKE, FL 32091**

Mailing Address

**516 EDWARD RD
STARKE, FL 32091**



04132008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3625591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRIFFIS, VIVIAN D
5715 NW 203RD STREET
STARKE, FL 32091**

**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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000940629

05/20/08 80073-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRIFFIS, VIVIAN D
STREET ADDRESS	5715 NW 203RD STREET
CITY-ST-ZIP	STARKE, FL 32091
TITLE	ST
NAME	GRIFFIS, RANDALL A
STREET ADDRESS	5715 NW 203RD STREET
CITY-ST-ZIP	STARKE, FL 32091
TITLE	VP
NAME	GRIFFIS, ALVIN A
STREET ADDRESS	11207 NE CR 793
CITY-ST-ZIP	RAIFORD, FL 32083
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:

Vivian D. Griffis

VIVIAN D. GRIFFIS

4/15/08

Date

904-964-4547

Daytime Phone #