

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90140 007 ***150.00

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1. Entity Name
DELAND AUTO SPA, INC.



Principal Place of Business

104 E. INTERNATIONAL SPEEDWAY BLVD.
DELAND, FL 32720

Mailing Address

929 N. SPRING GARDEN AVE.
115
DELAND, FL 32720

DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
52-2327998

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLIER, THOMAS W JR, ESQ
929 N. SPRING GARDEN AVE., STE. 115
DELAND, FL 32720

**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)

Thomas W. Collier, Jr. April 30, 2008
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

10. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	LUNA, CESAR
STREET ADDRESS	4540 MILLS COURT
CITY-ST-ZIP	DELAND, FL 32724
TITLE	T
NAME	LUNA, CESAR
STREET ADDRESS	4540 MILLS COURT
CITY-ST-ZIP	DELAND, FL 32724
TITLE	D
NAME	THOMAS, COLLIER W JR
STREET ADDRESS	929 N SPRING GARDEN AVE., STE 115
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W. Collier Jr. April 30, 2008 3867401887
Date Daytime Phone #