

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000132045																																											
1. Entity Name DAVID & SONE AUTOMOTIVE REPAIR, INC.																																											
Principal Place of Business 1517 SE 25TH LANE CAPE CORAL, FL 33904		Mailing Address 401 SW 37TH TERRACE CAPE CORAL, FL 33914																																									
DO NOT WRITE IN THIS SPACE																																											
6. Name and Address of Current Registered Agent HERNANDEZ, DAVID A 401 SW 37TH TERRACE CAPE CORAL, FL 33914		DO NOT WRITE IN THIS SPACE																																									
7. 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, the registered agent. SIGNATURE: <u><i>David A Hernandez</i></u> 6/10/05 DATE: _____ Signature is typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when not filing.)																																											
FILED NOW! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.																																									
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P. F.</td> </tr> <tr> <td>NAME</td> <td>HERNANDEZ, DAVID A</td> </tr> <tr> <td>STREET ADDRESS</td> <td>401 SW 37TH TERRACE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33914</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	P. F.	NAME	HERNANDEZ, DAVID A	STREET ADDRESS	401 SW 37TH TERRACE	CITY-ST-ZIP	CAPE CORAL, FL 33914	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1-0.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplements 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 in an attachment with an address, with all other like empowered.																																											
SIGNATURE: <u><i>David A Hernandez</i></u>		6/10/05 293-772-2113 Date Daytime Phone #																																									