

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000065675

1. Entity Name
REVELS AUTO SUPPLY, INC.



Principal Place of Business
718 EAST MAIN STREET
MAYO, FL 32066

Mailing Address
POST OFFICE BOX 246
MAYO, FL 32066

FILED
Jun 13, 2008 08:00 AM
Secretary of State



02292008 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0497003

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

REVELS, DEAN
ROUTE 2, BOX 1910
MAYO, FL 32066

**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

James D. Revels

6-11-08

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

O
DEAN REVELS, JAMES
718 EAST MAIN STREET
MAYO, FL 32066

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000953121
06/13/08-80004-005 550.00

**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 another like empowered.

SIGNATURE:

James D. Revels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-08

Date

386-364-8179

Daytime Phone #