2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 07, 2007 8:00 am **Secretary of State** 03-07-2007 90004 011 ***150.00 DOCUMENT # P03000093352 D&P'S COMPLETE DETAILING & POLISHING, INC. auusuu~~ Principal Place of Business Mailing Address 1002 WYOMING COURT 1002 WYOMING COURT OCOEE, FL 34761 OCOEE, FL 34761 2. Principal Place of Business - No P.O. Box # 16 247 Lake Johns 3. Mailing Address To hos (i) 16747 Suite, Apt. #, etc. Suite, Apt. #, etc. 03022007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 56-2389286 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUTTO, ERNEST 1002 WYOMING COURT Street Address (P.O. Box Number is Not Acceptable) OCOEE, FL 34761 (ohns 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE Delete TITLE ☐ Addition HUTTO, ERNEST NAME NAME 1002 WYOMING COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34761 CITY-ST-ZIP Delete VΡ TITLE TITLE ☐ Change ■ Addition BRANIC, PAUL MAME NAME STREET ADDRESS 1048 BR 452 A STREET ADDRESS CITY-ST-ZIP LAKE PANASOFFKEE, FL 33538 CITY-\$1-ZIP ☐ Derete THLE Change ☐ Addition THLE HUTTO, DANIEL R NAME 1002 WYOMING CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34761 CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-\$T-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ATIORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition

12. Thereby 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 it 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 appendiress, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED