


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000025152 1. Entity Name WEST BOYNTON AUTO SERVICES, INC.	
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Principal Place of Business 7450 BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33437 US	Mailing Address 7450 W. BOYNTON BEACH BLVD BOYNTON BEACH, FL 33437
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DO NOT WRITE IN THIS SPACE



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0711304	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEEWALD, JAY 7450 W. BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33437

**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEEWALD, JAY 7700 E. UPPER RIDGE DRIVE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARGOLIS, LEE 6379 NW 96TH DRIVE PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SEEWALD, JAY 7700 E. UPPER RIDGE DRIVE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA SEEWALD, JAY 7700 E. UPPER RIDGE DRIVE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000723553
05/02/07-80075-018 150.00

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:  **4/13/07** **801-732-4670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #