## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000118728

Entity Name: DAYTONA SHORES AUTO REPAIR, INC.

**FILED** Mar 18, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Cullent Finicipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

2136B SO.ATLANTIC AVE. 2136-B SO.ATLANTIC AVE.

DAYTONA BEACH SHORES, FL 32118 DAYTONA BEACH SHORES, FL 32118

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 7192 DAYTONA BEACH, FL 32116

FEI Number: 20-1445002 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BOONE, GARY BOONE, GARY

2136B SO.ATLANTIC AVE. 2136-B SO.ATLANTIC AVE.

DAYTONA BEACH SHORES, FL 32118 DAYTONA BEACH SHORES, FL 32118 US US

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.

SIGNATURE: 03/18/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

BOONE, GARY BOONE, GARY Name: Name:

2136B SO.ATLANTIC AVE. 2136-B SO.ATLANTIC AVE. Address: Address:

City-St-Zip: DAYTONA BEACH SHORES, FL 32118 City-St-Zip: DAYTONA BEACH SHORES, FL 32118

( ) Delete Title: Title: VΡ (X) Change ( ) Addition BOONE, EZRA N BOONE, EZRA N Name: Name:

POB 7192 Address: POB 7192 Address:

DAYTONA BH, FL 32116 DAYTONA BH, FL 32116 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: GARY BOONE 03/18/2008