

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000118728

**FILED  
Mar 25, 2009  
Secretary of State**

**Entity Name:** DAYTONA SHORES AUTO REPAIR, INC.

**Current Principal Place of Business:**

2136-B SO.ATLANTIC AVE.  
DAYTONA BEACH SHORES, FL 321185016

**New Principal Place of Business:**

**Current Mailing Address:**

2136-B SO.ATLANTIC AVE.  
DAYTONA BEACH SHORES, FL 321185016

**New Mailing Address:**

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

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

BOONE, EZRA N  
2136-B SO.ATLANTIC AVE.  
DAYTONA BEACH SHORES, FL 32118    US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P                    ( ) Delete  
Name: BOONE, EZRA N  
Address: 2136-B SOUTH ATLANTIC AVENUE  
City-St-Zip: DAYTONA SHORES, FL 32118

Title:                            ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP                    ( ) Change (X) Addition  
Name: BOONE, GARY L  
Address: 2136 -B SOUTH ATLANTIC AVENUE  
City-St-Zip: DAYTONA SHORES, FL 32118

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.

SIGNATURE: GARY L BOONE

VP

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date