

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90059 008 ***150.00

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1. Entity Name

CRUISER DAVE'S AUTO-BODY, INC.



Principal Place of Business

~~1407 S DIXIE HWY~~ 1416 OLD MOULTRIE RD
ST AUGUSTINE, FL 32084

Mailing Address

~~101 WOODSIDE DR~~ 20 HANNAH COLE DR
~~PALM COAST, FL 32164~~ ST AUGUSTINE
FL 32080

40031791



01122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

34-2032934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLARD, DAVID G
~~101 WOODSIDE DR~~ 20 HANNAH COLE DR
~~PALM COAST, FL 32164~~ ST AUGUSTINE FL
32080

**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

David G. Allard

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/20/08

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 PSTD
NAME ALLARD, DAVID G
STREET ADDRESS 1407 S DIXIE HWY 1416 OLD MOULTRIE RD
CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE VD
NAME ALLARD, LOUISE E
STREET ADDRESS 1407 S DIXIE HWY 1416 OLD MOULTRIE RD
CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 all other like empowered.

SIGNATURE:

David G. Allard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/08