

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-03-2006 90195 042 ***150.00

DOCUMENT # P05000061176 1. Entity Name DEALER APPEARANCE PRODUCTS, INC.			
Principal Place of Business 8855 NW 28TH DR APT 3 CORAL SPRINGS, FL 33065		Mailing Address 8855 NW 28TH DR APT 3 CORAL SPRINGS, FL 33065	
2. Principal Place of Business 1460 SW 3rd Street Suite, Apt. #, etc. # B-10		3. Mailing Address 1460 SW 3rd Street Suite, Apt. #, etc.	
City & State Port Pano Beach, FL		City & State Port Pano Beach, FL	
Zip 33069	Country USA	Zip 33069	Country USA
4. FEI Number 04-3813706		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURCHESS, ANTHONY 8855 NW 28TH DR APT 3 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 renouncing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	
\$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURCHESS, ANTHONY ☐ Delete 8855 NW 28TH DR - APT 3 CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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:		Anthony Burchess (President)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 9/14/2006	

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