## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P05000128346**

1. Entity Name

PHIL'S CAR SERVICE, INC.



Principal Place of Business

5771 FAIRWAY PARK CT.,

BLDG # 17 APT # 202 BOYNTON BEACH, FL 33437-1708 Mailing Address

5771 FAIRWAY PARK CT., BLDG # 17 APT # 202 BOYNTON BEACH, FL 33437-1708

## **FILED** Jan 22, 2008 8:00 am Secretary of State

01-22-2008 90040 031 \*\*\*150.00



	_		. 011	62008	No Chg-P	CR2E034 (11/05)
$\mathbf{O}$	NOT WRITE	IN THIS SPA	CF —			<del></del>

Applied For 4. FEI Number Not Applicable 20-3774208 \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

KRAUSE, PHILIP 5771 FAIRWAY PARK CT., BLDG # 17 APT # 202 BOYNTON BEACH, FL 33437-1708

•	DO	N	OT	'=W	R	IT	E
•	IN	TH	IIS	SF	ΡΑ	CI	E

8. The above the obligation	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	ed office or reg	istered agent, or both, in	the State of Florida. I am familiar with, an	id accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	t annicania (NOTE: Pagistora	Acont monoture re	quired when reinstating)	DATE	<del></del>
	Signature, typed or printed frame or registered agent and the	Tappinable. (NOTE: Negistered	Ageni signature re	quired when reinstailing)	UAIE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				44. 4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUSE, PHILIP 5771 FAIRWAY PARK CT., BLDG 17 A BOYNTON BEACH, FL 334371708	APT 202		3		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			. •	•		•
TITLE NAME STREET ADDRESS CIFY-ST-ZIP			· .	DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IIS SPACE	•
TITLE NAME STREET ADDRESS						
CITY-ST-ZIP						

12. Thereby certify that the information supplied with this filling 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 fustee 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 attackment with an address with all other like empowered.

PHILP KRAUSE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTOR