

2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/22/2006-90049-007-\$550.00-\$550.00

DOCUMENT # P05000144128

1. Entity Name
AUTO GLASS AND UPHOLSTERY OF DAYTONA, INC.



Principal Place of Business
750 SAXON BLVD
DELTONA, FL 32725

Mailing Address
750 SAXON BLVD
DELTONA, FL 32725

FILED

06 JUL -6 PM 4: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
90000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05152006

Chg-P

CR2E034 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRESNELL, RENEE
750 SAXON BLVD
DELTONA, FL 32725

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PRESNELL, RENEE
750 SAXON BLVD
DELTONA, FL 32725 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06

407-678-7209
Daytime Phone #

ATTN: FLORIDA DEPT OF REVENUE
C/O FL. DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32304

1-850-245-6056

DATE: JUNE 26, 2006

ATTN: REINSTATEMENT DIVISION

DOCUMENT# P05000144128
FOR; AUTO GLASS AND UPHOLSTERY OF DAYTONA, INC.


TO WHOM IT MAY CONCERN,

WHEN WE FILED OUR RENEWALS THIS YEAR, WE DID NOT RECEIVE A CARD FOR RENEWAL AND WE HAD TO GO ON LINE AND PULL THE FORMS AND DID NOT KNOW THERE WAS A PLACE TO CHECK TO WAVE THE 400.00 DOLLAR LATE FEE. WE HAD NOT RECEIVED THE RENEWAL CARD AND DID NOT KNOW AT THE TIME THAT THE LATE FEE WAS INCLUDED IN THE RENEWAL FEE WHEN THE FORM PRINTED OUT AND WE USED THE FORM TO MAKE OUR PAYMENT. WE PAID \$550.00 BECAUSE THE FORM SAID TO, BUT THE FORM WAS WRONG BECAUSE WE HAD NOT CHECKED THE PROPER BOX.

I HAVE NEVER BEEN LATE WITH MY FEE BEFORE AND THIS WAS NEW, TO DO IT ON LINE AND I DIDN'T KNOW THAT IF I CHECKED THE CORRECT BOX THE FORM WOULD HAVE PRINTED WITH THE CORRECT RENEAL AMOUNT OF \$150.00. WE SENT A CHECK FOR THE WRONG AMOUNT AND ARE REQUESTING REIMBURSEMENT OF THE LATE FEE BECAUSE AT THE TIME I DID NOT CHECK THE CORRECT BOX AND OUR ACTUAL FEE SHOULD HAVE BEEN \$150.00

THANK YOU FOR HELP!

SINCERELY


RENEE PRESNELL
OWNER/OPERATOR

AUTO GLASS AND UPHOLSTERY OF DAYTONA, INC.
P.O. BOX 5729
WINTER PARK, FL. 32793-5729