2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P06000017484

1. Entity Name

D&H AUTO REPAIR AND SUPPLY, INC.



Principal Place of Business

1780 CLEARWATER-LARGO RD CLEARWATER, FL 33756

Mailing Address

1780 CLEARWATER-LARGO RD CLEARWATER, FL 33756

FILED Apr 21, 2008 08:00 A Secretary of State



04072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-4482886

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAHEZI, S HABIB 1780 CLEARWATER-LARGO RD CLEARWATER, FL 33756

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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 Fiorida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and site if appticable (NOTE Registered Agent agent agent agent and site if appticable (NOTE Registered Agent a						
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			U00000911934 05/07/08-80060-010 150.00	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAHEZI, S HABIB 1780 CLEARWATER-LARGO RD CLEARWATER, FL 33756					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAHEZI, DAWN 1780 CLEARWATER-LARGO RD CLEARWATER, FL 33756		:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 truetee 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-08

Daytime Phone #