

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90477 030 ***158.75

DOCUMENT # P06000019355 1. Entity Name DEEM AND FOSTER AUTO REPAIR INC.			
Principal Place of Business 732 222 CARPENTER STREET LEESBURG, FL 34748		Mailing Address 732 222 CARPENTER STREET LEESBURG, FL 34748	
2. Principal Place of Business - No P.O. Box # 732 Carpenter Street Suite, Apt. #, etc.		3. Mailing Address 732 Carpenter Street Suite, Apt. #, etc.	
City & State Leesburg Florida Zip Country 34748 Lake		City & State Leesburg, Florida Zip Country 34748 Lake	
4. FEI Number 11-3770238		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, PATRICIA L 5052 COUNTY ROAD 165 WILDWOOD, FL 34785 <i>REMOVE PLEASE</i> <i>Patricia Foster</i>		7. Name and Address of New Registered Agent Name Michael B Deem Street Address (P.O. Box Number is Not Acceptable) 13859 CR 109K City LADY LAKE FL Zip Code 32159	
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: <i>[Signature]</i> DATE: 4-25-07 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering.)			
* FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 P NAME FOSTER, DAVID L SR STREET ADDRESS 5052 COUNTY ROAD 165 CITY-ST-ZIP WILDWOOD, FL 34785	☒ Delete	TITLE P NAME DEEM, Michael B STREET ADDRESS 13859 CR 109K CITY-ST-ZIP LADY LAKE FL 32159	☒ Change ☐ Addition
TITLE VP NAME DEEM, MICHAEL B STREET ADDRESS 13859 COUNTY ROAD 109F CITY-ST-ZIP LADY LAKE, FL 32159	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME FOSTER, PATRICIA L STREET ADDRESS 5052 COUNTY ROAD 165 CITY-ST-ZIP WILDWOOD, FL 34785	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE T NAME FOSTER, PATRICIA L STREET ADDRESS 5052 COUNTY ROAD 165 CITY-ST-ZIP WILDWOOD, FL 34785	☒ Delete	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 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: <i>[Signature]</i> Michael B Deem SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

X David L Foster Sr **DAVID L Foster SR**
X Patricia L Foster **Patricia L Foster**