2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
2008 JUL 14 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/31/2008-90034-016-$150.00-$150.00

DOCUMENT # P06000063678

1. Entity Name
MICHAEL'S AUTO REPAIR, INC

Principal Place of Business	Mailing Address
307 NORTH VILLA AVE FRUITLAND PARK, FL 34731	307 NORTH VILLA AVE FRUITLAND PARK, FL 34731

03172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 20-0428044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAYSIN, DAVID M
307 NORTH VILLA AVE
FRUITLAND PARK, FL 34731

DO NOT WRITE IN THIS SPACE

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAYSIN, DAVID M
STREET ADDRESS	307 NORTH VILLA AVE
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: David M [illegible] 7-14-8 352-365-2955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JUL 14 2008 11:25AM HP LASERJET FAX 5613333067 p.1