


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State


08-13-2007 90021 025 ***158.75

DOCUMENT # P06000066465	
1. Entity Name AUTOMOTIVE SPECIALIST OF COCOA INC	

Principal Place of Business 805 FLORIDA AVE COCOA, FL 32922	Mailing Address 805 FLORIDA AVE COCOA, FL 32922
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2. Principal Place of Business - No P.O. Box # 11 A RIDGEWAY AVE	3. Mailing Address 700 MIMOSA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State COCOA FL	City & State TITUSVILLE FL
Zip 32922	Zip 32996
Country BREVARD	Country BREVARD



08062007 Chg-P CR2E034 (12/06)

4. FEI Number 43-2104870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TOLLIVER, DAYL R 700 MIMOSA AVE TITUSVILLE, FL FL	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOLLIVER, DAYL R 700 MIMOSA AVE TITUSVILLE, FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAUK, MICHAEL W 6346 FAIRCHILD AVE COCOA, FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Dayl R. TOLLIVER** **8-8-07** **321-243-4747**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dairvine Phone #

ATTACHMENT

40128976

~~#PO 6000066405~~

August 8, 2007

Automotive Specialist
OF COCOA, INC
11A RIDGEWAY AVE

COCOA, FL 32922

321-243-4747 Daytime

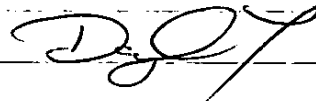
To Whom it May Concern

I NOW UNDERSTAND THAT THERE IS A
400.00 LATE FEE FOR NOT FILING
THE ANNUAL REPORT BY MAY 1, 2007
I DIDN'T RECEIVE NOTICE THIS
REPORT TO FILE.

PLEASE EXCEPT ANNUAL REPORT
AND PAYMENT OF 150.00 FOR REPORT.
ALSO PAYMENT OF 8.75 FOR Certificate of Status.
158.75 TOTAL

THANK you For Your Understanding

SINCERELY



DAY L R TOLLIVER
PRESIDENT

P.S.: WE WERE SHARING Common OFFICE
SPACE WITH ANOTHER BUSINESS. IT
MAY HAVE BEEN MISS PLACED.