2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State
04-21-2008 90042 039 ***150.00

DOCUMENT # P06000148120

1. Entity Name

DAYTONA MUSTANG RESTORATION PARTS, INC.

Principal Place of Business	Mailing Address
3986 CRESTRIDGE DRIVE NEW SMYRNA BEACH FL 32168	3986 CRESTRIDGE DRIVE NEW SMYRNA BEACH FL 32168

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number AP-PLIED FOR ☐ 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
RUBINO, THOMAS 3986 CRESTRIDGE DRIVE NEW SMYRNA BEACH FL 32168	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 reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PTD RUBINO, THOMAS 3986 CRESTRIDGE DRIVE NEW SMYRNA BEACH FL 32168	☐ 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
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
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 Section 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: Thomas Rubino 4/8/08 3768484093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 06012300
#P06000148120

Form **SS-4** (Rev. February 2006)
Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN 42-1720933

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
DAYTONA MUSTANG RESTORATION PARTS INC

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name
THOMAS RUBINO

4a Mailing address (room, apt., suite no. and street, or P.O. box)
3986 CRYSTAL SPRINGS DR

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
NEW SMYRNA BCH FLA

5b City, state, and ZIP code
5168484093

6 County and state where principal business is located
VOLUSIA FLA NOV 2006

7a Name of principal officer, general partner, grantor, owner, or trustor
THOMAS RUBINO

7b SSN, ITIN, or EIN
075 40 2081

8a **Type of entity** (check only one box)

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶ 2553
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ___
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator (SSN) ___
- ☐ Trust (SSN of grantor) ___
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ ___

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLA — Foreign country:

9 **Reason for applying** (check only one box)

- ☑ Started new business (specify type) ▶ RETAIL & MAIL ORDER
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ ___
- ☐ Changed type of organization (specify new type) ▶ ___
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ ___
- ☐ Created a pension plan (specify type) ▶ ___

10 Date business started or acquired (month, day, year). See instructions.
11/29/06

11 Closing month of accounting year
DEC 31 2007

12 First date wages or annuities were paid (month, day, year). **Note.** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A

13 Highest number of employees expected in the next 12 months (enter -0- if none).

Agricultural	Household	Other
0	0	0

Do you expect to have $1,000 or less in employment tax liability for the calendar year? ☐ Yes ☒ No. (If you expect to pay $4,000 or less in wages, you can mark yes.)

14 Check **one** box that best describes the principal activity of your business.

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Wholesale-other ☒ Retail
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Other (specify)

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
FORD RESTORATION PARTS NEW & USED, RECONDITIONED

16a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note. If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ TOMMY'S MUSTANG INC VINTAGE Trade name ▶ GOLD INC

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) 06 1993 1992 — City and state where filed WEST HEMPSTEAD NY — Previous EIN [redacted] N/A

Third Party Designee — Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name — Designee's telephone number (include area code) ( )

Address and ZIP code — Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Applicant's telephone number (include area code) ( )

Name and title (type or print clearly) ▶ THOMAS RUBINO

Signature ▶ Thomas Rubino Date ▶ 1/5/07 Applicant's fax number (include area code) ( )