


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000007773	
1. Entity Name DAVID'S AUTO REPAIR OF PASCO COUNTY INC.	

Principal Place of Business 7805 CLARK MOODY BLVD PORT RICHEY, FL 34668	Mailing Address 7805 CLARK MOODY BLVD PORT RICHEY, FL 34668
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DO NOT WRITE IN THIS SPACE



05022006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3152808	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHIPE, DAVID 7805 CLARK MOODY BLVD PORT RICHEY, FL 34668

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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 _____ (NOTE: Registered Agent signature required when re-statuting) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIPE, DAVID 8630 VIXEN LANE PORT RICHEY, FL 34668
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06/22/06-80004-007 150.00

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>David Shipe</i>	<i>David Shipe Pres</i>	6-20-06 727-847-7568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #