
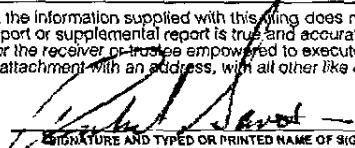


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000037007		
1. Entity Name DAVIES AUTOMOTIVE SPECIALTIES INC.		
Principal Place of Business 7141 US HWY 19 NEW PORT RICHEY, FL 34652 US	Mailing Address 7141 US HWY 19 NEW PORT RICHEY, FL 34652 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DAVIES, ROBERT 7141 US HWY 19 NEW PORT RICHEY, FL 34652		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVD DAVIES, ROBERT 7141 US HWY 19 NEW PT RICHEY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIES, SUSAN 7141 US HWY 19 NEW PORT RICHEY, FL 34652	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		Date 03/27/06 Debarra Phone # 727-842-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3186531** Applied For
Not Applicable

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

100000485751
04/18/16-80000-004 150.00

**DO NOT WRITE
IN THIS SPACE**