2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 21, 2008 08:00 A Secretary of State DOCUMENT # P95000017702 1. Entity Name DAYTON'S AUTO SERVICE, INC. Principal Place of Business Mailing Address 4725 BRANDYWINE DR 4725 BRANDYWINE DR **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Pencipal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0562476 Not Applicable Z_{ip} $Z_{\mathcal{P}}$ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo DAYTON, JOSEPH D Street Address (P.O. Box Number is Not Acceptable) 4725 BRANDYWINE DRIVE **BOCA RATON FL 33489-2177** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Square, typed or primed hand of rop stand agent and till a harpicable (NOTE: Redistring Appril a docture required when rejectate at DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Addition ☐ Delete NAME DAYTON, JOSEPH D NAME U00000909355 05/06/08-80087-007 150.00 STREET ADDRESS 4725 BRANDYWINE DRIVE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33489-2177** CITY-ST-ZIP TITLE DVS ☐ Derete TITLE Change Change Addition NAME DAYTON, LINDA STREET ADDRESS 4725 BRANDYWINE DRIVE STREET ADDRESS CITY-ST-712 BOCA RATON FL 33489-2177 CITY-ST-ZIP THEE Darete THE ☐ Change Addition

12. Thereby certify that the information supplied with this filling 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 changes, or on an attachment with an address, with all other like empowered.

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