## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P95000048553

1. Enhly Name

JERRY'S ACTION AUTO REPAIR, INC.



FILED Feb 28, 2008 08:00 AM Secretary of State

					COD WELL							
Principal Place of Business  688 S PATRICK DRIVE SATELLITE BEACH FL 32937			Mailing Address 688 S PATRICK DRIVE SATELLITE BEACH FL 32937				1100		8 <b>4</b> 111 <b>58</b> 111 <b>66</b> 111 <b>8</b> 12	<b>3) (6)8) 64)81 5</b> )		ıı
0, (1, 2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			57112227721	.EROITI E O	2001							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				1140	<b>    </b>		61 IBIBI B#84 BIII		11
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1st MOORE CR2E034 (10/07)					
City & State			City & State			4. FE! Number 59-3323579				Applied F	$\overline{}$	
Zıp	C	Country	Zip	Zip Count		5. Certificate of Status Desired		ed 🖫		88.75 Additional ee Required		
	6. Name and	d Address of Curren	t Registered Agent	Registered Agent			7. Name and Address of New Registered Agent					
				Name								
200	HEY, JAMES S. HARBOR	ì CITY BLVD., S	STE. 201		Street Add	Street Address (P.O. Box Number is Not Acceptable)						
MEL	LBOURNE FI	L 32901										
					City				F	Zip C	ode	
8. The above the culigat	named entity su tioris of registered	bmits this statement to diagent.	or the purpose of or	ianging its re	gistered office or re	egistere	d agent, or bo	oth, in the State o	f Florida. Tan	rı famıllar wı	th, and ac	cept
SIGNATURE .	Sign after a Type of far an	nred James of registered riger	tand die Terrologen	(NOTE F	Sgistified Agent signature	' tarners'i w	eman i sames (same ra)		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 Ca Trust Fund	mpaign Finan Contribution.		<b>5.00</b> Ma dded to Fe	
10.	continuitation of a	OFFICERS AND	77 1 1 1 1 1 1 1		11.		ADDITIONS.	/CHANGES TO	OFFICERS AN	ID DIRECTO	DRS IN 11	
TITLE	D			De:ete	TITLE					☐ Chang		dition
NAME	DAVIS, JERRY	•			NAME			Haaaa	nozotzo	_ "	_	
STREET ADDRESS 688 S PATRICK DR				STREET ADDRESS		900000843142 03/11/08-80059-002 158.75						
CITY - ST- ZI?	SATELLITE BE	CITY		CITY-ST-7IP								
TITLE				Dalete	TITLE					☐ Chang	e 🔲 Ad	tdition
NAME	,				NAME							
STREET ADDRESS					STREET ADORESS							
CITY-ST-7IP					CITY - ST - ZIP							
TITLE				Delete Delete	TOLE					🔲 Chang	e 🗀 Ad	ldition
NAME CAREE ASSESSED					NAME							
STREET ADDRESS					STREE! ADDRESS							ſ
CITY-ST-ZIP	-				CITY-ST-ZIP							
TITLE NAME			LJ i	Delete	TITLE					Chang	e 🗀 Ad	ldition
STREET ADDRESS					NAME Street adoress							
CITY-ST-ZIP					CITY-ST-ZIP							
TITLE			П	Delete	TITLE					☐ Chang	e 🗌 Ad	tdition
NAME			. نيا	De, etc	NAME					☐ Ontaing	· [	MILITAL
STREET ADDRESS			•		STREET ADDRESS							
CITY-ST-ZIP	1				CITY-ST-ZIP							
TITLE				Deiele	TITLE					☐ Chang	e	idition
NAME					NAME							
STREET ADDRESS					STREET ADDRESS							
CITY-ST-ZIP					CITY-ST-ZIP							
12. Thereby	certify that the in	formation supplied w	ith this filing does n	et qualify for	the exemptions co	ontained	in Section 11	9. Florida Statute	es. I further co	ertify that th	e informat	ion

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 rim 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:

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

226-08

321-77)-388