

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90001 044 ***150.00

DOCUMENT # P95000052979

1. Entity Name
WARRICK AUTOMOTIVE SERVICES, INC.



Principal Place of Business
400 NW 43RD AVE
COCONUT CREEK, FL 33066 US

Mailing Address
400 NW 43RD AVE
COCONUT CREEK, FL 33066 US

PROPERTY APPRAISER

40119107



2. Principal Place of Business - No P.O. Box #
6436 NW 22 ST
Suite, Apt. #, etc.

3. Mailing Address
PO Box 936214
Suite, Apt. #, etc.

03132007 Chg-P CR2E034 (12/06)

City & State
MARGATE FL

City & State
MARGATE FL

4. FEI Number
65-0598924

Applied For
Not Applicable

Zip
33093

Country

Zip
33093

Country

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

6. Name and Address of Current Registered Agent

WARRICK, BARRY
5753 NW 27 ST
MARGATE, FL 33063

7. Name and Address of New Registered Agent

Name
WARRICK, BARRY

Street Address (P.O. Box Number is Not Acceptable)
6436 NW 22 ST

City
MARGATE

FL Zip Code
33093

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]*
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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WARRICK, BARRY	
STREET ADDRESS	400 NW 43RD AVE	
CITY-ST-ZIP	COCONUT CREEK, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARRICK, BARRY	
STREET ADDRESS	6436 NW 22 ST	
CITY-ST-ZIP	MARGATE FL 33093	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #