

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000025796

1. Entity Name
MOOG ROAD AUTO SERVICE, INC.



Principal Place of Business

5516 MOOG RD.
HOLIDAY, FL 34690 US

Mailing Address

5516 MOOG RD.
HOLIDAY, FL 34690 US



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3381257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVID L. GAMBERT
5516 MOOG RD.
HOLIDAY, FL 34690

**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

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 PD
NAME GAMBERT, DAVID L
STREET ADDRESS 9119 JASMINE BLVD
CITY-ST-ZIP N. P.R., FL 34690

TITLE VD
NAME BACHER, SCOTT
STREET ADDRESS 1223 MANDER LEE PL
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000700048
04/20/07-80001-018 150.00

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IN THIS SPACE**

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: *Scott Bacher* Scott Bacher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-07

Date

727-842-2716

Daytime Phone #