

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000049121

1. Entity Name

DEBROUX AUTO REPAIR, INC.



Principal Place of Business

**9009 NORTH DAVIS HIGHWAY
PENSACOLA FL 32514**

Mailing Address

**9009 NORTH DAVIS HIGHWAY
PENSACOLA FL 32514**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number
59-3451217

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEBROUX, JAMES E SR.
9009 NORTH DAVIS HIGHWAY
PENSACOLA FL 32514**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 (re)stating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DEBROUX, JAMES E SR.
STREET ADDRESS 9009 NORTH DAVIS HIGHWAY
CITY-ST-ZIP PENSACOLA FL 32514

☐ Change ☐ Addition
U00000426514
02/20/06-80047-014 150.00

TITLE V ☐ Delete
NAME DEBROUX, TERESA A
STREET ADDRESS 5982 RIDGEVIEW DRIVE
CITY-ST-ZIP MILTON FL 32570

☐ Change ☐ Addition

TITLE C ☐ Delete
NAME DEBROUX, BONITA L
STREET ADDRESS 9009 NORTH DAVIS HWY.
CITY-ST-ZIP PENSACOLA FL 32514

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 6, 2006

Date

850 477-3317

Daytime Phone #