

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90023 027 ***150.00

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**

40043340



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	DEBROUX, JAMES E SR.
STREET ADDRESS	9009 NORTH DAVIS HIGHWAY
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	V
NAME	DEBROUX, TERESA A
STREET ADDRESS	5982 RIDGEVIEW DRIVE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	S
NAME	DEBROUX, BONITA L
STREET ADDRESS	9009 NORTH DAVIS HWY.
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: James E. DeBroux Jr **James E. DeBroux Jr** 3/9/08 850-477-3317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #