


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000072902</b>	
1. Entity Name <b>D &amp; S AUTO REPAIR, INC.</b>	
	
Principal Place of Business <b>6100 99TH STREET SEBASTIAN, FL 32958 US</b>	Mailing Address <b>9060 102ND AVE VERO BEACH, FL 32967 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>	



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3463897</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ZUKOWSKI, DAVID 9060 102ND AVE VERO BEACH, FL 32967</b>
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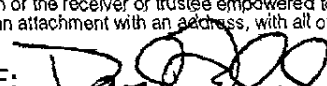
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT ZUKOWSKI, DAVID 9060 102ND AVE VERO BEACH, FL 32967</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS ZUKOWSKI, SALLY 9060 102ND AVE VERO BEACH, FL 32967</b>
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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 changed, or on an attachment with an address, with all other like empowered.		
<b>SIGNATURE:</b> 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
	Date	Daytime Phone #