

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 18, 2008 08:00 AM
Secretary of State**

DOCUMENT # P97000072902

1. Entity Name
D & S AUTO REPAIR, INC.



Principal Place of Business
**6100 99TH STREET
SEBASTIAN, FL 32958 US**

Mailing Address
**9060 102ND AVE
VERO BEACH, FL 32967 US**



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**ZUKOWSKI, DAVID
9060 102ND AVE
VERO BEACH, FL 32967**

**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, 2008 Fee will be \$550.00**

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

000000829980
02/26/08-80065-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	ZUKOWSKI, DAVID
STREET ADDRESS	9060 102ND AVE
CITY-ST-ZIP	VERO BEACH, FL 32967

TITLE	DVS
NAME	ZUKOWSKI, SALLY
STREET ADDRESS	9060 102ND AVE
CITY-ST-ZIP	VERO BEACH, FL 32967

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/08 772-589-7278