


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90375 013 \*\*\*150.00

<b>DOCUMENT # P99000030856</b>	
1. Entity Name <b>DESTIN AUTO REPAIR, INC.</b>	

Principal Place of Business <b>1001 NE 1ST AVE, BAY #19 POMPAÑO BEACH, FL 33060</b>	Mailing Address <b>1001 NE 1ST AVE, BAY #19 POMPAÑO BEACH, FL 33060</b>
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2. Principal Place of Business <b>1820-A NW 29 Street</b>	3. Mailing Address <b>1820-A NW 29 Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>DAKLAND PARK, FL</b>	City & State <b>DAKLAND PARK, FL</b>
Zip <b>33311</b>	Zip <b>33311</b>
Country	Country

**40061114**

04202006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0913213</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>DESTIN, FREPEDE 380 NW 42ND CT POMPAÑO BEACH, FL 33064</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DESTIN, FREPED 380 NW 42ND CT. POMPAÑO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** *Destin Frepede* **4-20-06** **(814) 484-3663**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #