### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P99000050140

1. Entity Name DARRYL'S AUTOMOTIVE, INC.



Principal Place of Business

4705 N HALE AVE TAMPA, FL 33614 Mailing Address

3312 WALLACE AVE TAMPA, FL 33611

# FILED May 02, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04242007 No Chg-P CR2E034 (11/05)

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ES, DARRYL M

HUGHES, DARRYL M 4705 N HALE AVE TAMPA, FL 33614

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of cha the obligations of registered agent.</li></ol>	nging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE Supplies typed or profess name of consistered agent and little it applicable	(NOTE: Registered Agent standure required when religiating)	DATE

#### FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, DARRYL M 4705 N HALE AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS HUGHES, TINA 4705 N HALE AVE TAMPA, FL 33614
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### DO NOT WRITE IN THIS SPACE

800000753482 05/22/07-80022-009 150.00

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:

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

4-2907

813-831-9KIF

Daylime Phone