## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P99000050140**

1. Entity Name

DARRYL'S AUTOMOTIVE, INC.



FILED Jan 31, 2008 08:00 Al Secretary of State

Principal Place of Business

4705 N HALE AVE TAMPA, FL 33614 Mailing Address

3312 WALLACE AVE TAMPA, FL 33611



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01212008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3580647 Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHES, DARRYL M 4705 N HALE AVE TAMPA, FL 33614 DO NOT WRITE IN THIS SPACE

-					english significant
	named entity submits this statement for the purplions of registered agent.	pose of changing its registere	ed office or registered agent, or bo	th, in the State of Florida. I am fan	niliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if ap	oolicable. (NOTE; Registered	d Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTO	ORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, DARRYL M 4705 N HALE AVE TAMPA, FL 33614				
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TITLE  NAME ~  STREET ADDRESS  CITY-ST-ZIP			DO	NOT WRITE	
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TITLE NAME STREET ADDRESS					, notae politica (notae politica) Participalitation (notae politica) Participalitation (notae politica)

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 reserver 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 attashment with an address, with all other like empowered.

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NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OFFRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VTS

1-29-08

272-3054

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