2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State
01-25-2007 90053 022 ***150.00

DOCUMENT # S84014

1. Entity Name
FOREIGN CAR SERVICE OF DELRAY, INC.

Principal Place of Business	Mailing Address
750 N.E. 8TH AVE. DELRAY BEACH, FL 33483	750 N.E. 8TH AVE. DELRAY BEACH, FL 33483

01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0286205
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POOLEY, LAWRENCE M.
61 OREGON LANE
BOCA RATON, FL 33487

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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's signature required when reinstating) 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	D
NAME	POOLEY, LAWRENCE M.
STREET ADDRESS	750 N.E. 8TH AVE.
CITY-ST-ZIP	DELRAY BCH, FL 33483
TITLE	P
NAME	POOLEY, LAWRENCE M.
STREET ADDRESS	61 OREGON LANE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	ST
NAME	POOLEY, LAWRENCE M.
STREET ADDRESS	61 OREGON LANE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	TRS
NAME	POOLEY, MATHEW G TREAS
STREET ADDRESS	61 OREGON LANE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	TRS
NAME	POOLEY, MATHEW G TREAS
STREET ADDRESS	61 OREGON LANE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	SEC
NAME	POOLEY, CAROL L SECTY
STREET ADDRESS	61 OREGON LANE
CITY-ST-ZIP	BOCA RATON, FL 33487

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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: _____ 01/11/07 (561)278-4233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LAWRENCE M. POOLEY