## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 20, 2007 08:00 A Secretary of State DOCUMENT # V40555 MADEIRA BEACH GARAGE AND AUTO PARTS, INC. Principal Place of Business Mailing Address % EDWARD S. BUTLER, III 125 - 150TH AVENUE % EDWARD S. BUTLER, III 125 - 150TH AVENUE MADEIRA BEACH FL 33708 MADEIRA BEACH FL 33708 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 59-3127510 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BUTLER, EDWARD S., III 125 - 150TH AVENUE Street Address (P.O. Box Number is Not Acceptable) MADEIRA BEACH FL 33708 City Zio Codo 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 life i amplicable (NOTE: Registered Agent signature required whon reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete THU ☐ Change ■ Addition BUTLER, EDWARD S., III NAMI NAME 000000720268 05/01/07-80097-022 150.00 125 - 150TH AVENUE STREET ADDRESS STREET ADDRESS MADEIRA BEACH FL CITY+SI-7@ CHY-S1-ZIP $\mathbf{u}$ ☐ Delete ☐ Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-S1-7IP CITY-ST-7IP □ Delete ☐ Change ■ Addition STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP HILLE Delete Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-S1-7IP CHY-SI-ZIP Change 1011 ☐ Delcte Addition NAME NIABAI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-S1-ZIP TITLE ☐ Delete THITE Change Addition NAME NAM STRUCT ADDRESS STREET ADDRESS CITY-ST-7/P CHY-ST-ZIP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.