2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90198 017 ***150.00

DOCUMENT # **P94000025025**

1. Entity Name
VH AUTOMOTIVE WHOLESALE, INC.

Principal Place of Business	Mailing Address
10462 COOPERWOOD DR NEW PORT RICHEY FL 34654	10462 COOPERWOOD DR NEW PORT RICHEY FL 34654

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
7409 TROUBLE CREEK RD.		7409 TROUBLE CREEK RD.	
Suite, Apt. #, etc. 707		Suite, Apt. #, etc. 707	
City & State: NEW PORT Richey, FL		City & State: NEW PORT Richey, FL	
Zip: 34653	County: PASCO	Zip: 34653	County: PASCO

4. FEI Number 59-3230860 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

V.H AUTOMOTIVE WHOLESALE T
10462 COPPERWOOD DR
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name: V. H. AUTOMOTIVE Wholesale
Street Address (P.O. Box Number is Not Acceptable): 7409 TROUBLE CREEK RD. (APT 707)
City: NEW PORT Richey FL Zip Code 34653

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	HAND, VICTOR J	
STREET ADDRESS	6818 GRAPHIC DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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 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: [signature] SR 4-10-2006 (727) 808-7120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #