

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050516

FILED
Mar 10, 2009
Secretary of State

Entity Name: AUTOMOTION OF CITRUS COUNTY, INC.

Current Principal Place of Business:

8945 S. FLORIDA AVE.
FLORAL CITY, FL 34436 US

New Principal Place of Business:

Current Mailing Address:

4115 E. STAGECOACH TRAIL
INVERNESS, FL 34452 US

New Mailing Address:

FEI Number: 59-3451461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHEARN, LINDA
4115 E. STAGECOACH TRAIL
INVERNESS, FL 34452 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AHEARN, LINDA
Address: 4115 E. STAGECOACH TRAIL
City-St-Zip: INVERNESS, FL 34452

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AHEARN, LINDA
Address: 4115 E. STAGECOACH TRAIL
City-St-Zip: INVERNESS, FL 34452 US

Title: P () Change (X) Addition
Name: AHEARN, LINDA
Address: 4115 E. STAGECOACH TRAIL
City-St-Zip: INVERNESS, FL 34452 US

Title: VP () Change (X) Addition
Name: AHEARN, LINDA
Address: 4115 E. STAGECOACH TRAIL
City-St-Zip: INVERNESS, FL 34452 US

Title: S () Change (X) Addition
Name: AHEARN, LINDA
Address: 4115 E. STAGECOACH TRAIL
City-St-Zip: INVERNESS, FL 34452 US

Title: T () Change (X) Addition
Name: AHEARN, LINDA
Address: 4115 E. STAGECOACH TRAIL
City-St-Zip: INVERNESS, FL 34452 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA AHEARN

D

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date