

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000057487

Entity Name: AUTO ARCADE, INC.

FILED  
Jan 29, 2007  
Secretary of State

**Current Principal Place of Business:**

5106 STATE ROAD 54  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

7414 U. S. 19 NORTH  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5106 STATE ROAD 54  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

7414 U. S. 19 NORTH  
NEW PORT RICHEY, FL 34652

FEI Number: 59-3455668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASELLA, CHARLES  
8321 KABARDIN CT  
CORAL GABLES, FL 33134 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: PSTD ( ) Delete  
Name: CASELLA, CHARLES W  
Address: 8321 KABARDIN CT.  
City-St-Zip: TRINITY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES CASELLA

PRES

01/29/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date