


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # S55720
 1. Entity Name
 SELECT MOTOR CAR OF GAINESVILLE, INC.



Principal Place of Business Mailing Address
 PO BOX 1759 PO BOX 1759
 MELROSE, FL 32666 US MELROSE, FL 32666 US

DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3098635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MONTANE, ALAN E.
 147 SE 5TH AVE
 MELROSE, FL 32666

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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 signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONTAINE, ALAN E. 147 SE 5TH AVE MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MONTANE, ALAN E. 147 SE 5TH AVE MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 05/15/08-80022-002 150.00

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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: ALAN MONTANE Alan E. Montane Pres 4-24-08 352-335-9636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)