## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## Apr 20, 2007 8:00 am Secretary of State 04-20-2007 90073 050 \*\*\*158.75 **DOCUMENT #234898** 1. Entity Name GENERAL GMC TRUCK SALES AND SERVICE, INC. 40072175 Principal Place of Business Mailing Address 360 SOUTH MILITARY TRAIL 360 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415-2895 US WEST PALM BEACH, FL 33415-2895 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142007 Ċhq-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-0904476 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEONARD, DE SANTI Street Address (P.O. Box Number is Not Acceptable) 14022 GREEN TREE TRACE WEST PALM BEACH, FL 33414 Zip Code City FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PT TITLE ☐ Change ☐ Addition ☐ Delete TITLE DESANTI M DESANTI, M 360 SCUTH MILITARY TR. W.P.B. FL. 33415 NAME NAME 412 MUIRFIELD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTIS, FL CITY-ST-ZIP DESAUTI LEONARD Change ☐ Addition TITE Delete TITLE 360 SOUTH MILITARY TR. NAME DESANTI, LEONARD NAME 14022 GREENTREE TRACE STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL. 33415 CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change DE SANTI R. NAME NAME 360 SCUTH MILITARY TR. STREET ADDRESS STREET ADDRESS W.P.B. FL. 33415 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

SIGNATURE: Ofonard De

Delete

4-14-2007

Daytime Phone #

☐ Change

☐ Addition

**FILED**