## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 285392** 

FILED Apr 10, 2008 Secretary of State

Entity Name: FLORIDA AUTOMOTIVE WHOLESALERS SERVICE CORPORATION

Current P	rincipal Place	of Business:	New Principa	al Place of Business:	
15619 PRE STE # 101 TAMPA, FI	EMIERE DR L 33624 US		18719 GERAC LUTZ, FL 335		
Current Mailing Address:			New Mailing	New Mailing Address:	
15619 PRE STE # 101 TAMPA, FI	EMIERE DR L 33624 US		18719 GERAC LUTZ, FL 338		
FEI Number:	59-1108807	FEI Number Applied For ( )	FEI Number Not Applical	ble ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Ad	ddress of New Registered Agent:	
15619 PRE STE 101 TAMPA, FI	), GEORGE E EMIERE DR L 33624 US		EHRHARD, G 18719 GERAG LUTZ, FL 335	CIRD 548 US	
	of Florida.	ubiliits tiiis statement for the pt	irpose of changing its f	registered office or registered agent, or both,	
SIGNATUF	RE: GEORGE	E EHRHARD		04/10/2008	
	Electroni	c Signature of Registered Ager	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () WIGGINS, STEV 116 W 15TH ST PANAMA CITY, F		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ED () EHRHARD, GEC 15619 PREMIEF TAMPA, FL 336	RE DR # 101	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () SOTTILE, EILEE 2900 S PORT R FT LAUDERDAL	OYALE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () LILES, JARRET 3610 CRAWFOR TALLAHASSEE,	RDVILLE HWY	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () SMITH, KATHY 2640 NW 10TH : OCALA, FL 344		Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: GEORGE E EHRHARD GE 04/10/2008