


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 310317</b> 1. Entity Name <b>BOND AUTO SALES, INC.</b>	
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Principal Place of Business <b>7901 FLORIDA AVE</b> <b>P.O. BOX 8394</b> <b>TAMPA, FL 33674 US</b>	Mailing Address <b>610 S BLVD</b> <b>TE 100</b> <b>TAMPA, FL 33606 US</b>
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01102008 No Chg-P CR2E034 (11/05)

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4. FEI Number <b>59-1153822</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**HICKEY, GEORGE F**  
**7901 FLORIDA AVE**  
**TAMPA, FL 33604**

DO NOT WRITE  
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000893001 04/23/08-80085-023-150.00
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HICKEY, GEORGE F
STREET ADDRESS	610 S BLVD
CITY - ST - ZIP	TAMPA, FL 33605
TITLE	D
NAME	HICKEY, WENDY V.
STREET ADDRESS	610 S BOULEVARD
CITY - ST - ZIP	TAMPA, FL 33605
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:** *George F. Hickey* **George F. Hickey** **PRESIDENT** **4-9-08** **813 545-2424**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #