

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 310317

1. Entity Name  
BOND AUTO SALES, INC.



Principal Place of Business  
7901 FLORIDA AVE  
P.O. BOX 8394  
TAMPA, FL 33674 US

Mailing Address  
610 S BLVD  
TE 100  
TAMPA, FL 33606 US

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



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1153822

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HICKEY, GEORGE F  
7901 FLORIDA AVE  
TAMPA, FL 33604

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**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

U000000893001

04/23/08-80085-023-150.00

**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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George F. Hickey President 4-9-08

813 545-2424