2008 FOR PROFIT CORPORATION

SIGNATURE:

ANNUAL REPORT **FILED** Apr 14, 2008 08:00 A Secretary of State **DOCUMENT # 477063** BOND AUTO SALES OF LAKELAND, INC. Principal Place of Business Mailing Address 610 S BOULEVARD P.O. BOX 8394 P 0 BOX 8394 TE 100 **TAMPA, FL 33674** US TAMPA, FL 33606 US PROTORES TRES. 1 8943, 828 (A.S. 2008) 01850 No Chg-P CR2E034 (11/05) 01102008 Applied For 4. FEI Number 59-1606554 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HICKEY, GEORGE F. DO NOT WRITE 7901 FLORIDA AVE. P.O.BOX 8394 IN THIS SPACE TAMPA, FL 33674 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HICKEY, GEORGE F. CONTRACTOR CONTRACTOR OF THE C NAME 610 S BLVD STREET ADDRESS U0000895376 CITY-ST-7IP TAMPA, FL 33606 04/24/08-80065-022 150:00« SD TITLE NAME HICKEY, WENDY V. **610 S BLVD** STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME 100 Medical Calculation and American Security Security (Security Calculation) STREET ADDRESS CITY-ST-ZIP . Pariti (1904) - Marie (1904) - San Arie (1904) - San Arie (1904) - San Arie (1904) - San Arie (1904) - San Ari TITI F NAME STREET ADDRESS CITY-ST-ZIP TITL F NAME STREET ADDRESS CITY-ST-7IP I hereby certify that the information supplied with this filling 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.

PRESIDENT

Daytime Phone #

NTED NAME OF SIGNING OFFICER OR DIRECTOR