

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 648042

FILED  
Apr 09, 2007  
Secretary of State

Entity Name: AUTOMOTIVE INTERSTATE DISTRIBUTORS, INC.

**Current Principal Place of Business:**

207 NE 20 ST.  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

207 NE 20 ST.  
OCALA, FL 34470 US

**New Mailing Address:**

FEI Number: 59-2071143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOGAN, ROBERT T  
10854 NE CTY HWY 314  
SILVER SPRINGS, FL 34488 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VT ( ) Delete  
Name: HOGAN, ROBERT T  
Address: 10854 NE CTY HWY 314  
City-St-Zip: SILVER SPRGS, FL 34488 US

Title: PS ( ) Delete  
Name: HOGAN, WENDY M  
Address: 10854 NE CTY HWY 314  
City-St-Zip: SILVER SPRGS, FL 34488 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WENDY HOGAN

PRES

04/09/2007

Electronic Signature of Signing Officer or Director

Date