

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708018

FILED
Apr 20, 2005
Secretary of State

Entity Name: THE FLORIDA AUTOMOTIVE WHOLESALERS ASSN., INC.

Current Principal Place of Business:

15619 PREMIERE DR
101
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

15619 PREMIERE DR
101
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-0759240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EHRHARD, GEORGE D
15619 PREMIERE DR
STE # 101
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

EHRHARD, GEORGE E
15619 PREMIERE DR
STE # 101
TAMPA, FL 33624 US

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: GEORGE E EHRHARD

04/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOTTILE, EILEEN
Address: 4701 NW 101ST RD STE 1
City-St-Zip: MEDLEY, FL 33178

Title: T () Delete
Name: DAVIS, C VICTOR
Address: 820 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

Title: V () Delete
Name: PATE, CRAIG
Address: 209 S MAIN ST
City-St-Zip: BELLE GLADE, FL 33430

Title: S () Delete
Name: WIGGINS, STEVE
Address: 116 W 15TH ST
City-St-Zip: PANAMA CITY, FL 32401

Title: ED () Delete
Name: EHRHARD, GEORGE E
Address: 15619 PREMIERE DR STE # 101
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SOTTILE, EILEEN
Address: 11701 NW 101ST RD STE 1
City-St-Zip: MEDLEY, FL 33178

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

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

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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE E EHRHARD

ED

04/20/2005

Electronic Signature of Signing Officer or Director

Date