

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005598

Entity Name: B.O.A. AUTO FINANCE, INC.

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

3401 34TH AVE N.
SAINT PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

3317 LAKESIDE CIRCLE
PARRISH, FL 34219

New Mailing Address:

FEI Number: 35-2118471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRY, THOMAS R
3401 34TH AVE NORTH
SAINT PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

BERRY, THOMAS R
3317 LAKESIDE CIRCLE
PARRISH, FL 34219 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: THOMAS BERRY

01/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: O'BRIEN, KURT E
Address: 5353 ISLEWORTH COUNTRY CLUB DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: VD (X) Delete
Name: ALETTO, GARY
Address: 2643 TOWNE DRIVE
City-St-Zip: CARMEL, IN 46032

Title: STD (X) Delete
Name: BERRY, THOMAS R
Address: 3317 LAKESIDE CIRCLE
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: BERRY, THOMAS R
Address: 3317 LAKESIDE CIRCLE
City-St-Zip: PARRISH, FL 34219

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 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: THOMAS BERRY

PCD

01/17/2008

Electronic Signature of Signing Officer or Director

Date