

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Fax Audit Number: H08000155897 3

DOCUMENT # F03000001278

PASCO COUNTY MOTOR SALES, INC.



FILED

2008 JUN 24 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5300 EAGLESTON BLVD
WESLEY CHAPEL, FL 33543

Mailing Address
100 JIM MORAN BLVD.
MAIL DROP JMDF018
DEERFIELD BEACH, FL 33442

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06192008

Chg-P

CR2E034 (12/06)

4. FEI Number

02-0677429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME BOVARD, WALTER B
STREET ADDRESS 100 JIM MORAN BLVD.
CITY-ST-ZIP DEERFIELD BEACH, FL 33442 ☐ Delete

TITLE AS
NAME REILLY, WILLIAM R
STREET ADDRESS 100 JIM MORAN BLVD.
CITY-ST-ZIP WESLEY CHAPEL, FL 33442 ☒ Delete

TITLE ST
NAME MACARTHUR, MICHAEL
STREET ADDRESS 5300 EAGLESTON BLVD
CITY-ST-ZIP WESLEY CHAPEL, FL 33543 ☒ Delete

TITLE AS
NAME CROTEAU, SHARLENE M
STREET ADDRESS 100 JIM MORAN BLVD
CITY-ST-ZIP DEERFIELD BEACH, FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100132068581
07/02/08--01010--005 **\$1.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SHARLENE M. CROTEAU
ASSISTANT SECRETARY

Date

Daytime Phone #

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