

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F06000001885

**FILED**  
**Nov 07, 2007**  
**Secretary of State**

**Entity Name:** AUTO ADVANTAGE - FORT MYERS, INC.

**Current Principal Place of Business:**

309 S. GEAR AVENUE  
WEST BURLINGTON, IA 52655

**New Principal Place of Business:**

**Current Mailing Address:**

309 S. GEAR AVENUE  
WEST BURLINGTON, IA 52655

**New Mailing Address:**

**FEI Number:** 20-2705842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOLANOS TRUXTON, P.A.  
12800 UNIVERSITY DRIVE  
SUITE 350  
FORT MYERS, FL 33907 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

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SHOTTENKIRK, GREGORY J  
Address: 1202 DENMARK HILLTOP  
City-St-Zip: FORT MADISON, IA 52627

Title: SD ( ) Delete  
Name: GEAGAN, KEVIN  
Address: 5998 ASHEVILLE HIGHWAY  
City-St-Zip: HENDERSONVILLE, NC 28791

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: VP ( ) Change (X) Addition  
Name: MAKI, WILLIAM S  
Address: 14371 HARBOR LANDINGS DR B-3  
City-St-Zip: FORT MYERS, FL 33908

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:** WILLIAM S MAKI

VP

11/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date