2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000140

FILED Jan 20, 2009 Secretary of State

Entity Name: GREEN COVE SPRINGS AUTO AND TRUCK SUPPLY, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
920 BAY S					
GREEN C	OVE SPRINGS	s, FL 32043			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
920 BAY S GREEN C	STREET OVE SPRINGS	s, FL 32043			
FEI Number	: 26-1412864	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
RAMBACH 920 BAY S GREEN C	,	s, FL 32043 US			
	e named entity s e of Florida.	ubmits this statement for the բ	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Ca		ic Signature of Registered Ago rrust Fund Contribution().	ent	Date	
		Trust Fund Contribution ().		Date ES TO OFFICERS AND DIRECTORS:	
OFFICER Title: Name: Address:	mpaign Financing S AND DIRECT DPS () RAMBACH, KEV 920 BAY STREE	Trust Fund Contribution (). FORS: Delete			
	DPS () RAMBACH, KEV 920 BAY STREE GREEN COVE S DVT () RAMBACH, DEE 920 BAY STREE	Trust Fund Contribution (). FORS: Delete //IN ET SPRINGS, FL 32043 Delete BRA	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTORS:	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	DPS () RAMBACH, KEV 920 BAY STREE GREEN COVE S DVT () RAMBACH, DEE 920 BAY STREE GREEN COVE S D () FOSTER, MIKE 920 BAY STREE	Trust Fund Contribution (). FORS: Delete VIN ET SPRINGS, FL 32043 Delete BRA ET SPRINGS, FL 32043 Delete	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTORS: () Change () Addition	

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: KEVIN RAMBACH DPS 01/20/2009