


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90019 050 ***150.00

DOCUMENT # F22978 1. Entity Name PRINCIPE USED CARS, INC.					
Principal Place of Business 1424 N MAIN ST JACKSONVILLE, FL 32206			Mailing Address 1424 N MAIN ST JACKSONVILLE, FL 32206		
2. Principal Place of Business - No P.O. Box # 7434 N MAIN ST		3. Mailing Address 7434 N MAIN ST			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 59-2235321	
Zip 32208		Country DUVAL		Applied For Not Applicable	
Zip 32208		Country DUVAL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRINCIPE, RICHARD A 2726 MAIN ST JAX, FL 32208				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7434 N MAIN ST 32208 City JACKSONVILLE FL Zip Code 32208	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRINCIPE, RICHARD A 2726 MAIN ST JACKSONVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7434 N MAIN ST JACKSONVILLE FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PRINCIPE, JOELLEN 2726 MAIN ST JACKSONVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7434 N MAIN ST JACKSONVILLE FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCYLES, BUSH 2726 MAIN ST JACKSONVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7434 N MAIN ST JACKSONVILLE FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1/25/08 904 924 1225 <small>Daytime Phone #</small>	