

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F50436

FILED
Apr 08, 2009
Secretary of State

Entity Name: PRESTIGE AUTOMOTIVE SERVICE, INC.

Current Principal Place of Business:

691 POND WILLOW LANE
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

691 POND WILLOW LANE
VENICE, FL 34292

New Mailing Address:

FEI Number: 59-2139300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONDOR, ANDRE R
691 POND WILLOW LANE
VENICE, FL 34292 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WILLMAN, CAROL
Address: 5629 ESTATES DRIVE
City-St-Zip: NORTH PORT, FL

Title: DV () Delete
Name: WILLMAN, DELL
Address: 5629 ESTATES DRIVE
City-St-Zip: NORTH PORT, FL

Title: PD () Delete
Name: MONDOR, ANDRE R
Address: 691 POND WILLOW LANE
City-St-Zip: VENICE, FL 34292

Title: T () Delete
Name: MONDOR, THERESE
Address: 691 POND WILLOW LANE
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: WILLMAN, CAROL
Address: 5629 ESTATES DRIVE
City-St-Zip: NORTH PORT, FL 34291

Title: DV (X) Change () Addition
Name: WILLMAN, DELL
Address: 5629 ESTATES DRIVE
City-St-Zip: NORTH PORT, FL 34291

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: CAROL WILLMAN

S

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date