

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90578 045 ***150.00

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1. Entity Name

NATIONAL FACILITIES CORP.



Principal Place of Business

C/O ANDREW L. BREECH, DEALER OPERATING
2120 WILSHIRE BLVD., SUITE 400
SANTA MONICA, CA 90403

Mailing Address

C/O ANDREW L. BREECH, DEALER OPERATING
2120 WILSHIRE BLVD., SUITE 400
SANTA MONICA, CA 90403



01062005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

95-1990905

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHLOSSER, RICHARD A
500 EAST KENNEDY BLVD., SUITE 200
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	PD BREECH, E. ROBERT JR.
STREET ADDRESS	2120 WILSHIRE BLVD., SUITE 400
CITY-ST-ZIP	SANTA MONICA, CA
TITLE NAME	VSD BREECH, ANDREW L
STREET ADDRESS	2120 WILSHIRE BLVD., SUITE 400
CITY-ST-ZIP	SANTA MONICA, CA
TITLE NAME	TD WOODS, BRIAN R
STREET ADDRESS	2120 WILSHIRE BLVD., SUITE 400
CITY-ST-ZIP	SANTA MONICA, CA
TITLE NAME	VD HAENSLI, RICHARD A
STREET ADDRESS	16191 FROST ROAD
CITY-ST-ZIP	CALDWELL, ID
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Brian R. Woods, Treasurer
National Facilities Corp.

4/12/05 310/828-4748

Daytime Phone #