

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90012 040 ***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**

50024811



08012006 No Chg-P CR2E034 (11/05)

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BREECH, E. ROBERT JR.
STREET ADDRESS	2120 WILSHIRE BLVD., SUITE 400
CITY- ST- ZIP	SANTA MONICA, CA
TITLE	VSD
NAME	BREECH, ANDREW L
STREET ADDRESS	2120 WILSHIRE BLVD., SUITE 400
CITY- ST- ZIP	SANTA MONICA, CA
TITLE	TD
NAME	WOODS, BRIAN R
STREET ADDRESS	2120 WILSHIRE BLVD., SUITE 400
CITY- ST- ZIP	SANTA MONICA, CA
TITLE	VD
NAME	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 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:

Brian R. Woods

Brian R. Woods, Treasurer

National Facilities Corp. 8/3/06 310-828-4748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #