

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000004427

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

FILED

2007 SEP 19 AM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07032007 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 <input type="checkbox"/>	\$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 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD <del>BREECH, ANDREW L.</del> <del>2120 WILSHIRE BLVD., SUITE 400</del> <del>SANTA MONICA, CA</del>	DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> BREECH, ANDREW L. 2120 WILSHIRE BLVD., SUITE 400 SANTA MONICA, CA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TXSD</del> WOODS, BRIAN R. 2120 WILSHIRE BLVD., SUITE 400 SANTA MONICA, CA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAENSLI, RICHARD A 16191 FROST ROAD CALDWELL, ID	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARSON, DON M. 801 SOUTH FLOWER STREET, FIFTH FLOOR LOS ANGELES, CA 90017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDON, FRANK 2120 WILSHIRE BLVD., SUITE 400 SANTA MONICA, CA 90403	

800109873058  
09/25/07--01013--006 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this report 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: Andrew L. Breech ANDREW L. BREECH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/07  
Date

Daytime Phone #

at 2/20