

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-07-2008 90044 016 ***150.00

DOCUMENT # F98000001804					
1. Entity Name ARIZONA CLASSIC AUTO & FINANCE CORPORATION					
Principal Place of Business % J.D. BYRIDER SALES 1850 EAST MAIN STREET MESA, AZ 85203			Mailing Address 2626 S FEDERAL HWY. DELRAY BEACH, FL 33483		
2. Principal Place of Business - No P.O. Box # 734 W MAIN ST		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MESA, AZ		City & State		4. FEI Number 86-0798337	
Zip 85201		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARTOLINI, ROBERT R 2626 SOUTH FEDERAL HWY DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Robert R Bartolini</u> 2/27/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 P	NAME BARTOLINI, ROBERT R		<input type="checkbox"/> Delete		
STREET ADDRESS 8602 E VIA DEL SOL DR	CITY-ST-ZIP SCOTTSDALE, AZ 85255		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T	NAME BARTOLINI, JAMES E		<input type="checkbox"/> Delete		
STREET ADDRESS 8602 E VIA DEL SOL DR	CITY-ST-ZIP SCOTTSDALE, AZ 85255		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME BARTOLINI, ROBERT O		<input type="checkbox"/> Delete		
STREET ADDRESS 10833 E RAINTREE DR	CITY-ST-ZIP SCOTTSDALE, AZ 85255		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME HANCE, EDWARD J		<input type="checkbox"/> Delete		
STREET ADDRESS 6684 BROOKHURST CIRCLE	CITY-ST-ZIP LAKE WORTH, FL 33463		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Robert R Bartolini</u>			Date <u>2/27/08</u>		Daytime Phone # <u>954-224-5334</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					