

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90085 047 ***150.00

DOCUMENT # H10919

1. Entity Name
LIVE OAK AUTO SUPPLY, INC.



Principal Place of Business
740 DARROW AVE
LIVE OAK, FL 32064 US

Mailing Address
740 DARROW AVE
LIVE OAK, FL 32064 US

400111



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2396874

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REWIS JAMES E
~~407 S DOWLING AVE~~ 740 DARROW AVE.
LIVE OAK, FL 32064

**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 James E. Rewis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-01-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME REWIS, JAMES E.
STREET ADDRESS 740 DARROW AVE.
CITY-ST-ZIP LIVE OAK, FL 32064

TITLE VPD
NAME DICKINSON, RIN
STREET ADDRESS 17308 CR 136
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE TD
NAME DICKINSON, ESTELLE
STREET ADDRESS 17308 CR 136
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE SD
NAME REWIS, GLENDA F.
STREET ADDRESS 740 DARROW AVE.
CITY-ST-ZIP LIVE OAK, FL 32064

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: James E. Rewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-07 (386) 362-4911

Date

Daytime Phone #