2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# H66222

Entity Name: AUTOMOTIVE REALTY ASSOCIATES, INC.

Current Principal Place of Business:

12406 WINDTREE BLVD
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

12406 WINDTREE BLVD
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 59-2563439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KITENPLON, DAVID SVP
12406 WINDTREE BLVD
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DT	( ) Delete
Name:	KITENPLON, IVY	
Address:	12406 WINDTREE BLVD	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	DV	( ) Delete
Name:	ORNS, JILL,	
Address:	7278 MAIDENCANE	
City-St-Zip:	LARGO, FL 33777	
Title:	DP	( ) Delete
Name:	ORNS, LONNIE,	
Address:	11050 9TH STREET EAST	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:	VS	( ) Delete
Name:	KITENPLON, DAVID,	
Address:	12406 WINDTREE BLVD	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	D	( ) Delete
Name:	ORNS, DONNA	
Address:	7239 BRYCE POINT	
City-St-Zip:	PINELLAS PARK, FL 33782	
Title:	D	( ) Delete
Name:	MORRIS, PAM	
Address:	2903 W. BAYSHORE COURT	
City-St-Zip:	TAMPA, FL 33611	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID KITENPLON RA 04/04/2007

Electronic Signature of Signing Officer or Director — Date