

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H66222

FILED
Apr 08, 2009
Secretary of State

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:

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Address:
City-St-Zip:

Title: () Change () Addition
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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 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

SVP

04/08/2009

Electronic Signature of Signing Officer or Director

Date