2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# J24502

Entity Name: CISSON'S AUTO, INC.

Current Principal Place of Business:

297 WILMETTE AVE
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

297 WILMETTE AVE
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-2708998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CISSON, ALBERT
297 WILMETTE AVE
ORMOND BEACH, FL 32174 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: PD ( ) Delete
Name: CISSON, ALBERT
Address: 297 WILMETTE AVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CISSON, ALBERT J
Address: 297 WILMETTE AVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP ( ) Change (X) Addition
Name: CISSON, ALBERT T
Address: 297 WILMETTE AVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: SEC ( ) Change (X) Addition
Name: MCCORKLE, DARCY
Address: 297 WILMETTE AVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: TREA ( ) Change (X) Addition
Name: CISSON, DENISE
Address: 297 WILMETTE AVE
City-St-Zip: ORMOND BEACH, FL 32174 US

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: ALBERT J CISSON PD 01/04/2006

Electronic Signature of Signing Officer or Director Date