
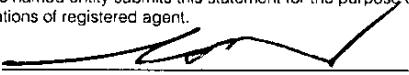
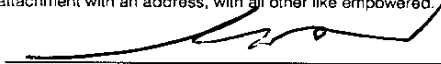


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

06-20-2006 90011 043 \*\*\*150.00

<b>DOCUMENT # J25641</b> 1. Entity Name <b>GARY'S AUTOMOTIVE, INC.</b>					
Principal Place of Business <b>2355 NW 30TH ST OAKLAND PK, FL 33311</b>			Mailing Address <b>2355 NW 30TH ST OAKLAND PK, FL 33311 US</b>		
2. Principal Place of Business <b>3983 N. LECANTO</b>		3. Mailing Address <b>3983 N. LECANTO</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>BEVERLY HILLS, FL</b>		City & State <b>BEVERLY HILLS, FL</b>		4. FEI Number <b>59-2704029</b>	
Zip <b>34465</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GALE, GARY 8091 SAW PALMETTO LANE B BOYNTON BEACH, FL 33436</b>		7. Name and Address of New Registered Agent Name <b>GARY GALE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4420 N. SHAWNEE DR.</b> City <b>BEVERLY HILLS</b> FL Zip Code <b>34465</b>			
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GALE, GARY 8091 SAN PALMETTO LANE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALE, PATTI 8091 SAN PALMETTO LANE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALE, PATTI 8091 SAN PALMETTO LANE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALE, PATTI 8091 SAN PALMETTO LANE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALE, PATTI 8091 SAN PALMETTO LANE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALE, PATTI 8091 SAN PALMETTO LANE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALE, PATTI 8091 SAN PALMETTO LANE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALE, PATTI 8091 SAN PALMETTO LANE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

40096150



06132006 Chg-P CR2E034 (11/05)

Applied For  
Not Applicable

Additional Fee Required

FL Zip Code 34465

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition