


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # J91310 1. Entity Name VOLUSIA SCHWINN AUTO SALES, INC.		
Principal Place of Business 2 CYPRESS VIEW TR ORMOND BCH, FL 32174 US		Mailing Address 2 CYPRESS VIEW TR ORMOND BCH, FL 32174 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WESTFALL, RICHARD L 2 CYPRESS VIEW TR ORMOND BEACH, FL 32174		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000379648 01/10/06-80032-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD WESTFALL, RICHARD L. 2 CYPRESS VIEW TR ORMOND BEACH, FL 32174	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WESTFALL, JUDITH 2 CYPRESS VIEW TR ORMOND BEACH, FL 32174	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>JUDITH A WESTFALL</u> <u>JUDITH A WESTFALL</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-4-06 336 673 3455 Date Daytime Phone #