

**2008 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90045 008 ***150.00

DOCUMENT # J94810

1. Entity Name
ANDREWS BEE RIDGE AUTOMOTIVE, INC.



Principal Place of Business
**4501 TAMiami TRAIL
SARASOTA, FL 34231**

Mailing Address
**4501 SOUTH TAMiami TRAIL
SARASOTA, FL 34231**

40112500



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2848904

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANDREWS, MARIA
5483 REGENT PL
SARASOTA, FL 34233**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FOUTS, JEFFERY
STREET ADDRESS	2615 BISMARCK WAY
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	ANDREWS, MARIA FRANCES
STREET ADDRESS	4501 S. TAMiami TRAIL
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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]

MARIA ANDREWS

7/29/08

941-923-1967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



40112508

Andrews Bee Ridge Automotive, Inc.

594810

~~2351 Bee Ridge Road • Sarasota, Florida 34239~~ 31

041 (813) 923-4962 • (813) 923-5278

4501 S Tamiami Trail

Florida Department of State
Division of Corporations
P. O. Box 8700
Tallahassee, Fla 32314

Gentlemen:

Our office did not receive the Annual Report form, Our accountant has printed it out on the computer,

We respectfully request a waiver of the late fee since the form was not received timely.

Thank You,

Maria Andrews

Enclosed is our application and the \$150 fee