## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K07748

City-St-Zip:

ORANGE PARK, FL 32073

WEHNER'S SUZUKI TALENT INC

FILED Apr 10, 2007 Secretary of State

Entity Nar	ne: WEHNER	'S SUZUKI TALENT INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	DLING BLVD. PARK, FL 3207	73 US	515 COLLEGE DR DOCTOR'S INLET		
Current M	ailing Addres	s:	New Mailing Add	New Mailing Address:	
	DLING BLVD. PARK, FL 3207	73 US	515 COLLEGE DR DOCTOR'S INLET		
FEI Number:	59-2875838	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agen	t: Name and Addres	Name and Address of New Registered Agent:	
589 BLANI	MARION U DING BLVD PARK, FL 3207	73 US	WEHNER, MARIO 515 COLLEGE DR DOCTOR'S INLET	IVE	
	named entity s e of Florida.	ubmits this statement for	the purpose of changing its regist	ered office or registered agent, or both,	
SIGNATUR	RE: MARION (	J WEHNER, EA		04/10/2007	
	Electroni	c Signature of Registered	Agent	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () WEHNER, KYLE 1872 CHATHAM ORANGE PARK,	VILLAGE DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () WEHNER, LARF 3142 COUNTRY ORANGE PARK	CLUB BLVD.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	STD () WEHNER, MARI 3142 COUNTRY		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: MARION U WEHNER, EA STD 04/10/2007