2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K12085

1. Entity Name

FLORIDA AUTOMOTIVE DISTRIBUTING, INC.



FILED Apr 16, 2008 08:00 Al Secretary of State

Principat Place of Business

Mailing Address

201 34TH STREET NORTH ST. PETERSBURG, FL 33713 201 34TH STREET NORTH ST. PETERSBURG, FL 33713

US



DO	NOT	WRITE	IN THIS	SSPACE
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04102008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2873465

S. Certificate of Status Desired

Applied For
Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANNON, JOHN W 201 34TH ST. NORTH SAINT PETERSBURG, FL 33713

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 reinstaturg) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS	Í							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CANNON, JOHN W 201 34TH ST. NORTH SAINT PETERSBURG, FL 33713			•	U00000900181 04/29/08-80017-025 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUMAN, ROBERT A 201 34TH ST. NORTH SAINT PETERSBURG, FL 33713			· · · · · · · · · · · · · · · · · · ·						
TITLE NAME STREET ADDRESS CITY - S1 - ZIP	VD BAUMAN, RONALD T 201 34TH ST. NORTH SAINT PETERSBURG, FL 33713		÷	DO	NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUMAN, MICHAEL C 201 34TH ST. NORTH SAINT PETERSBURG, FL 33713			IN THIS SPACE						
TITLE NAME STREET ADDRESS										

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

Mannon

John Cannon

4/10/08

727-327-9026

Daylime Phone #