

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K53682

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: THE CAR STORE, INC.

**Current Principal Place of Business:**

804 E. DR. MARTIN L. KING BLVD.  
SEFFNER, FL 33584 US

**New Principal Place of Business:**

**Current Mailing Address:**

804V DR. MARTIN L. KING BLVD.  
SEFFNER, FL 33584 US

**New Mailing Address:**

FEI Number: 59-2924078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WATKINS, ART E.  
616 CHASTAIN RD.  
SEFFNER, FL 33584 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: WATKINS, ART E.,  
Address: 616 CHASTAIN RD.  
City-St-Zip: SEFFNER, FL 33584

Title: DS ( ) Delete  
Name: WATKINS, BARBARA S.,  
Address: 616 CHASTAIN RD.  
City-St-Zip: SEFFNER, FL

Title: DP ( ) Delete  
Name: HERNDON, SHELLIE W  
Address: 940 E. MLK BLVD.  
City-St-Zip: SEFFNER, FL 33584

Title: S ( ) Delete  
Name: GUTEURREZ, LACI  
Address: 622 CHASTAIN RD  
City-St-Zip: SEFFNER, FL 33584

Title: VPD ( ) Delete  
Name: HERNDON, TODD J  
Address: 940 E MLK BLVD  
City-St-Zip: SEFFNER, FL 33584

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: BARBARA S. WATKINS

VS

03/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date