

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K53682

Entity Name: THE CAR STORE, INC.

FILED  
Mar 16, 2010  
Secretary of State

**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:**

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

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  
Name: WATKINS, ART E.  
Address: 616 CHASTAIN RD.  
City-St-Zip: SEFFNER, FL 33584

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SHELLIE W. HERNDON

PRES

03/16/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date