2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 18, 2008 8:00 am Secretary of State 02-18-2008 90013 019 ***150.00

3. Signate Place of Business - No P.C. Box # 3. Mailing Address Sure, Apr. #, etc. O1162008 ChgP CR26034 (12/06) Cry & State Cry	DOCUMENT # K87771 1. Entity Name HOLT AUTO SALES INC.							90013 019 ***1	50.00
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Applied for 59-2949239 Repaired for 59-294923	310 S. JOHN	YOUNG PKWY	310 S. JOHN YOUNG PKWY						
City & State City & State City & State City & State Country 2p Country 3p Country 3p Country 3p Country 3p Country 3p Country 3p 3p 3p 3p 3p 3p 3p 3p 3p 3	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Special Country Zp	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162008	Chg-P	CR2E034 (12/0	6)	
S. Certificate of Status Desired Fee Required	City & State		City & State				239		Applied For Not Applicable
Name	Zip	Country	Zip Cour		itry	5. Certificate of	Status Desired		
HOLT, CHARLES E 310 S JOHN YOUNG PKWY KISSIMMEE, FL 34741 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 lamiliar with, and accelled the obligations of registered agent and twise Acceled to the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accelled the obligations of registered agent and twise Acceled to the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accelled the obligations of registered agent and twise Acceled to the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accelled the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accelled the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accelled the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accelled the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accelled the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accelled the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accelled the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accelled the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accelled the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accelled the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accelled the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accelled the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accelled the obligations of registered agent, or bo		6. Name and Address of Curren	t Registered Agent		- N	7. Name and A	ddress of New R	egistered Agent	
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. Lam familiar with, and accelling the obligations of registered agent. SIGNATURE Signature, Nued or surrided name of registered agent and Me of Applicable INOTE Registered Agent Signature received Agent Signature	310 S JOHN YOUNG PKWY								
SIGNATURE Signature Number of provided agent and Merit Accidentable MOTE Registered Agent signature recurred when renabling DATE					City	<u>.</u>		FL Zip C	ode
Note			or the purpose of changing	its register	ed office or registe	red agent, or both	in the State of Flo	rida. I am familiar wi	th, and accept
### FILE NOWIII FEE IS \$150.00 ### 1, 2008 Fee will be \$550.00 ### 1. 2008 File File File File File File File File	SIGNATURE	Signature, typed or printed name of repistered agen	t and title if applicable. (N	OTE: Registere	o Agent signature require	d when reinstating)	· 	DATE	
TITLE									
NAME STREET ADDRESS CITY-ST-ZP KISSIMMEE, FL CITY-ST-ZP CITLE STD Delete HOLT, ETHELINDA J. STREET ADDRESS CITY-ST-ZP KISSIMMEE, FL CITY-ST-ZP	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTO	DRS IN 11
NAME STREET ADDRESS CITY-ST-ZIP CITY	NAME STREET ADDRESS	HOLT, CHARLES E. 2309 N. THACKER AVE.	☐ Delete	nam Stre	eet address	·		Chang	e 🗋 Addition
NAME STREET ADDRESS	NAME STREET ADDRESS	HOLT, ETHELINDA J. 2309 N. THACKER AVE.	☐ Delete	nam Stre	EET ADDRESS			□ Chanç	e 🔲 Addition
NAME	NAME STREET ADDRESS		☐ Defete	NAM STRE	EET ADDRESS	- persystems was		Chang	e Addition
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAMF	NAME STREET ADDRESS		☐ Octobe	NAM Stre	EET ADDRESS			☐ Chang	e 🔲 Addition
NAME NAME	NAME STREET ADDRESS		☐ Detete	nam Stre	EET ADDRESS			☐ Chang	e 🗌 Addilion
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 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	NAME STREET ADDRESS CITY-ST-ZIP	partify that the information sumplied with		NAM Stre City	IF EET ADDRESS '-ST-ZIP	d in Chapter 119	Florida Statutes 1		

of the corporation of the receiver or trustee empowered to execute this report as sequired 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.

MALE THE HOLD .

DESIGNING AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR