2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2005 08:00 AM Secretary of State DOCUMENT # L10259 1. Entity Name HAMRICK'S AUTOMOTIVE, INC. Principal Place of Business Mailing Address 6895 WOODMERE RD. SEBASTIAN FL 32958 6895 WOODMERE RD. SEBASTIAN FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0134141 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMRICK, STEPHEN W. 1065 BLOSSOM DRIVE Street Address (P.O. Box Number is Not Acceptable) SEBASTIAN FL 32958 Zip Code City Fl 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 equipment (NOTE Registured Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD THE ☐ Delete TITEF Change M Addition HAMRICK, STEPHEN W. NAME NAME 1065 BLOSSOM DR STREET ADDRESS STREET ADDRESS U00000270704 CITY-ST-ZIP SEBASTIAN FL CHY-ST-2P 103.721.705-80018-813-6Falde 00-Addition VD TITLE ☐ Delete HAMRICK, JEFFREY S. NAME STREET ADDRESS 701 SPIRE AVE STREET ADDRESS SEBASTIAN FL CITY - ST - ZIP CITY-ST-7/P TITLE ☐ Delete TUTLE Change ☐ Addition HAMRICK, TERESA D. NAME NAME STREET ADDRESS STREET ADDRESS 701 SPIRE AVE CITY-ST-ZIP CHY. ST- ZIP SEBASTIAN FL TITLE ☐ Delete **ILLE** ☐ Change Addition HAMRICK, BETTY E. NAME NAME 1065 BLOSSOM DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBASTIAN FL CITY-SI-ZIP ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ AddItion NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP

12. Thereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: A

FILED