


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L92500 1. Entity Name AUTO LINES FINANCE COMPANY INC.	
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Principal Place of Business 635-93RD AVE NORTH SAINT PETERSBURG, FL 33702 US	Mailing Address 635-93RD AVE NORTH SAINT PETERSBURG, FL 33702 US
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DO NOT WRITE IN THIS SPACE



03262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3037003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARDNER, MERRITT A 401 EAST JACKSON STREET TAMPA, FL 33602

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000489737 04/18/06-80029-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HANDEL, JOHN K 125 CORDOVA BLVD NE ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HANDEL, GAIL 125 CORDOVA BLVD NE ST PETERSBURG, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Gail E. Handel / Gail E. Handel 3/29/06 727 576-1536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #