

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L92500**

1. Entity Name  
**AUTO LINES FINANCE COMPANY INC.**



Principal Place of Business

**635-93RD AVE NORTH  
SAINT PETERSBURG, FL 33702 US**

Mailing Address

**635-93RD AVE NORTH  
SAINT PETERSBURG, FL 33702 US**



03312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

**GARDNER, MERRITT A  
WATERMARK 5 STE 200  
5415 MARINER ST  
TAMPA, FL 33609**

**DO NOT WRITE  
IN THIS SPACE**

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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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04/18/08-80059-004-150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*John K. Handel*  
John K. Handel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08 (727) 576-1536

Date

Daytime Phone #