

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M71130

FILED  
Feb 02, 2007  
Secretary of State

Entity Name: COUNTY LINE AUTO SALES OF PASCO, INC.

**Current Principal Place of Business:**

15740 COUNTY LINE RD  
SPRING HILL, FL 34610 US

**New Principal Place of Business:**

**Current Mailing Address:**

15740 COUNTY LINE RD  
SPRING HILL, FL 34610 US

**New Mailing Address:**

FEI Number: 59-2878229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAITANI, VICENTE  
18531 OZARK DRIVE  
HUDSON, FL 33567 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: DPT ( ) Delete  
Name: GAITANI, VINCENTE,  
Address: 18531 OZARK DRIVE  
City-St-Zip: HUDSON, FL

Title: DVS ( ) Delete  
Name: GAITANI, ALICIA,  
Address: 18531 OZARK DRIVE  
City-St-Zip: HUDSON, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VICENTE GAITANI

DPT

02/02/2007

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

\_\_\_\_\_ Date