


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M83328</b> 1. Entity Name ROAD MART OF FLORIDA, INC.	
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Principal Place of Business 2413 S. HWY. 77 LYNN HAVEN, FL 32444	Mailing Address 2413 S. HWY. 77 LYNN HAVEN, FL 32444
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01082008 No Chg-P CR2E034 (11/05)

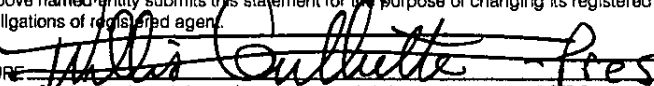
**DO NOT WRITE IN THIS SPACE**

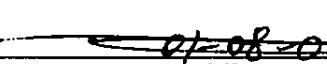
4. FEI Number 59-2893506	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**8. Name and Address of Current Registered Agent**  
  
COULLETTE, WILLIS  
1100 E. 26TH ST.  
LYNN HAVEN, FL 32444

**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  PRES (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

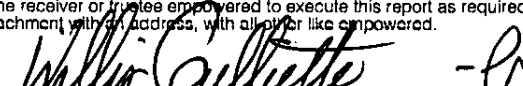
U00000779364  
01/11/08-80035-004 150.00


**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COULLETTE, WILLIS 1100 E. 26TH ST. LYNN HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COULLETTE, ELIZABETH N. 1100 E. 26TH ST. LYNN HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 power like empowered.

SIGNATURE:  PRES

DATE:  8502659401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR