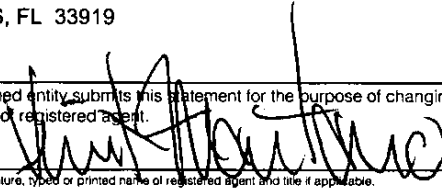
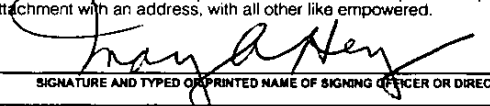


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90071 024 ***150.00

DOCUMENT # P00000018215 1. Entity Name COASTLAND AUTO SALES AND LEASING, INC.					
Principal Place of Business 1956 DANA DR FORT MYERS, FL 33907			Mailing Address PO BOX 6246 FT MYERS, FL 33911		
2. Principal Place of Business - No P.O. Box # 3680 FOWLER ST Suite, Apt. #, etc.		3. Mailing Address 3680 FOWLER ST Suite, Apt. #, etc.			
City & State FT MYERS FL		City & State FT MYERS FL		4. FEI Number 65-0983439	
Zip 33901		Country LEE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, WILLIAM R 8191 COLLEGE PARKWAY SUITE 204 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name VINCENT MARCANTONIO Street Address (P.O. Box Number is Not Acceptable) 630 31ST ST City NAPLES FL Zip Code 34117		
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:  3/29/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VDS	NAME HENRY, ALLISON C		☐ Delete		
STREET ADDRESS 7581 KNIGHTWING CIRCLE	CITY-ST-ZIP FORT MYERS, FL 33912		☐ Change ☐ Addition		
TITLE T	NAME HENRY, MARY A		☐ Delete		
STREET ADDRESS 12121 FAIRWAY ISLES RD	CITY-ST-ZIP FT MYERS, FL 33913		☐ Change ☐ Addition		
TITLE D	NAME HENRY, LARRY M		☐ Delete		
STREET ADDRESS 7581 KNIGHTWING CIRCLE	CITY-ST-ZIP FORT MYERS, FL 33912		☐ Change ☐ Addition		
TITLE PD	NAME MARCANTONIO, VINCENT		☐ Delete		
STREET ADDRESS 630 31ST SW	CITY-ST-ZIP NAPLES, FL 34117		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ Addition		
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:  TRACY A. HENRY 3/6/07 2399365800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					