

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90186 005 ***150.00

DOCUMENT # P00000018615

1. Entity Name
ANTHONY'S AUTO SALES, INC.



Principal Place of Business
**1470 U.S. HWY. 27 SOUTH
 LAKE WALES, FL 33853**

Mailing Address
**P.O. BOX 308
 WAVERLY, FL 33877**

2. Principal Place of Business
18110 US Highway 27,

3. Mailing Address

Suite, Apt. #, etc.
STE9

Suite, Apt. #, etc.

City & State
Lake Wales, FL 33853

City & State

Zip
33853

Country

Zip
 Country



04182006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3631881

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COTHRON, ANTHONY
 1470 U.S. HWY. 27 SOUTH
 LAKE WALES, FL 33853**

7. Name and Address of New Registered Agent

Name
Cothron, Anthony

Street Address (P.O. Box Number is Not Acceptable)
18110 US Highway 27, STE 9, Lake Wales, FL

City
Lake Wales

State
FL

Zip Code
33853

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]* DATE: **4-18-06**

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, 2006 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	PSTD: <input type="checkbox"/> Delete COTHRON, ANTHONY P.O. BOX 308 WAVERLY, FL 33877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: **4-18-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #