

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000050016

1. Entity Name
BAYONET AUTO SALONE, INC.



Principal Place of Business
7109 ELIZABETH AVE.
HUDSON, FL 34667

Mailing Address
8032 GREENSIDE LANE
HUDSON, FL 34667

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
8643 ADONIS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NEW PORT RICHEY FL

Zip

Country

Zip
34654

Country
FLORIDA

06202007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3647711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BANCARDI, VICTOR L
8032 GREENSIDE LN
HUDSON, FL 34667

7. Name and Address of New Registered Agent

Name
PATRICK S AHEARN

Street Address (P.O. Box Number is Not Acceptable)

8643 ADONIS RD

City
NEW PORT RICHEY

FL

Zip Code
34654

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 *Patrick S Ahearn* - PATRICK S AHEARN - D 11-14-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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
D
BIANCARDI, VICTOR L JR.
8032 GREENSIDE LANE
HUDSON, FL 34667 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AHEARN, PATRICK S
8643 ADONIS RD
NEW PORT RICHEY, FL 34654 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900112391198
11/19/07--01007--005 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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 ~~the~~ empowered.

SIGNATURE: *Patrick S Ahearn* - PATRICK S AHEARN - 11-14-07 - 727-8193744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2007 NOV 19 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

