2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 09, 2008 8:00 am Secretary of State **DOCUMENT # P00000051168** 1. Entity Name 04-09-2008 90029 012 ***150 00 ST. JAMES AUTOMOTIVE, INC. Principal Place of Business Mailing Address 2867 OLEANDER STREET 2867 OLEANDER STREET 40064000 ST. JAMES CITY, FL 33956 ST. JAMES CITY, FL. 33956 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04042008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1082168 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONRAD, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 2867 OLEANDER STREET ST. JAMES CITY, FL 33956 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. fill F Р TITLE Treasurer Charles Summerall ☐ Change ☐ Delete 22 Addition CONRAD, RICHARD J NAME NAME 2867 OLEANDER STREET STREET ADDRESS 2867 Oleander St STREET ADDRESS CITY-ST-ZIP SAINT JAMES CITY, FL 33956 CITY-ST-ZIP Stdames City FL 33956 AS TILLE ■ Delete TITLE ☐ Change ☐ Addition CICCHINO, VINCENT A NAME NAME STREET ADDRESS 5507 EASY STREET STREET ADDRESS CITY-ST-ZIP BOKEELIA, FL 33922 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition GREEN (ASST), BRIAN NAME NAME STREET ADDRESS 5220 PINE ISLAND RD STREET ADDRESS CITY-ST-ZIP BOKEELIA, FL 33922 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARTIN (ASST), H. SCOTT NAME NAME 2867 OLEANDER ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT JAMES CITY, FL 33956 CITY-ST-ZIP MLE Delete TITI E ☐ Change Addition GLACE (ASST), DAVID NAME NAME 3300 EIGHTH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. JAMES CITY, FL 33956 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BODDY (ASST), THOMAS NAME 3511 SW 9TH AVENUE STREET ADDRESS. STREET ADDRESS CAPE CORAL, FL 33956 CITY-ST-ZIP CITY-ST-ZIP 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 received-not 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 attactoment with an address, with all other like empowered. Concao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED