


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000050537 1. Entity Name A & M AUTOMOTIVE OF SARASOTA, INC.	
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Principal Place of Business 7050 15TH ST E UNIT 1 SARASOTA, FL 34243	Mailing Address 7050 15TH ST E UNIT 1 SARASOTA, FL 34243
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01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2358536	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BUTLER, MELISSA
6873 CORRAL CIR
SARASOTA, FL 34243

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11000000267993
03/18/05-80025-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, ALEJANDRO 6873 CORRAL CIR SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BUTLER, MELISSA 6873 CORRAL CIR SARASOTA, FL 34243
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alejandro Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.16.05 941.753.4584
Date Daytime Phone #