

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093127

Entity Name: TAMPA AUTO EMPORIUM, INC.

FILED  
Jun 11, 2008  
Secretary of State

## Current Principal Place of Business:

1400 EAST HILLSBOROUGH AVENUE  
TAMPA, FL 33604

## New Principal Place of Business:

## Current Mailing Address:

1400 EAST HILLSBOROUGH AVENUE  
TAMPA, FL 33604

## New Mailing Address:

P. O. BOX 132  
DADE CITY, FL 33526

FEI Number: 59-3747992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLER, WILLIAM  
1400 E. HILLSBOROUGH AVE.  
TAMPA, FL 33604 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILSON, MICHELLE G  
Address: 1400 E. HILLSBOROUGH AVE.  
City-St-Zip: TAMPA, FL 33604

Title: VD ( ) Delete  
Name: MILLER, WILLIAM  
Address: 1400 EAST HILLSBOROUGH AVENUE  
City-St-Zip: TAMPA, FL 33604

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE G. WILSON

PD

06/11/2008

Electronic Signature of Signing Officer or Director

Date