2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90370 032 ***150.00

DOCUMENT # P01000121941

1. Entity Name
AMERICAN MOTOR SALES, INC.

Principal Place of Business
1786 CARILLON PARK DRIVE
OVIEDO, FL 32765

Mailing Address
1786 CARILLON PARK DRIVE
OVIEDO, FL 32765

Fla Dept of State $150.

03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
60-0021638
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CODE, KEVIN M
1786 CARILLON PARK DRIVE
OVIEDO, FL 32765

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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: Marilouise Gaunt 4-28-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

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	P
NAME	CODE, KEVIN M
STREET ADDRESS	1786 CARILLON PARK DR.
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	V
NAME	GAUNT, MARILOUISE
STREET ADDRESS	600 NORTHERN WAY #1702
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Marilouise Gaunt 4-28-06 407-767-65[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR Date Daytime Phone #