

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90051 014 ***158.75

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1. Entity Name
CITY AUTOMOTIVE, O.P., INC.



Principal Place of Business
7505 BLANDING BLVD.
JACKSONVILLE, FL 32244

Mailing Address
C/O CITY MITSUBISHI
10575 ATLANTIC BLVD.
JACKSONVILLE, FL 32225

40040013



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

01-0661772

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOREHAND, WALTER E.
125 S. GADSDEN ST., STE. 300
TALLAHASSEE, FL 32301

Name John Galeani

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

10585 Atlantic Blvd.

City Jacksonville

FL

Zip Code

32225

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]

John Galeani

02/26/08

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC ☐ Delete
NAME BRESNAN, WILLIAM
STREET ADDRESS ONE MANHATTANVILLE RD.
CITY-ST-ZIP PURCHASE, NY 10577

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

TITLE DP ☐ Delete
NAME GALEANI, JOHN
STREET ADDRESS 10585 ATLANTIC BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32225

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

TITLE VT ☒ Delete
NAME MIGIANO, GREGG
STREET ADDRESS 10585 ATLANTIC BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE VCFO ☐ Change ☒ Addition
NAME Rosa, Salvatore
STREET ADDRESS 10585 Atlantic Blvd.
CITY-ST-ZIP Jacksonville, FL 32225

TITLE S ☐ Delete
NAME BRESNAN, ROBERT
STREET ADDRESS ONE MANHATTANVILLE RD.
CITY-ST-ZIP PURCHASE, NY 10577

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

TITLE D ☐ Delete
NAME GISLASON, PAUL
STREET ADDRESS 1505 SQUIRRELS NEST RD.
CITY-ST-ZIP KASOTA, MN 56050

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

TITLE D ☐ Delete
NAME MEREDITH, DONALD
STREET ADDRESS 40 HANTEN DR.
CITY-ST-ZIP MANKATO, MN 56001

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

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

[Signature]

John Galeani, President

02/26/08

904 -

645-0345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #