

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000032917

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

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

7505 BLANDING BLVD.
JACKSONVILLE, FL 32244

New Principal Place of Business:

10585 ATLANTIC BLVD.
JACKSONVILLE, FL 32225

Current Mailing Address:

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

New Mailing Address:

10585 ATLANTIC BLVD.
JACKSONVILLE, FL 32225

FEI Number: 01-0661772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GALEANI, JOHN
10585 ATLANTIC BLVD.
JACKSONVILLE, FL 32225 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: BRESNAN, WILLIAM
Address: ONE MANHATTANVILLE RD.
City-St-Zip: PURCHASE, NY 10577

Title: DP () Delete
Name: GALEANI, JOHN
Address: 10585 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: VT () Delete
Name: SALVATORE, ROSA
Address: 10585 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: BRESNAN, ROBERT
Address: ONE MANHATTANVILLE RD.
City-St-Zip: PURCHASE, NY 10577

Title: D () Delete
Name: GISLASON, PAUL
Address: 1505 SQUIRRELS NEST RD.
City-St-Zip: KASOTA, MN 56050

Title: D () Delete
Name: MEREDITH, DONALD
Address: 40 HANTEN DR.
City-St-Zip: MANKATO, MN 56001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SALVATORE ROSA

VT

02/18/2009

Electronic Signature of Signing Officer or Director

Date