2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000091344

SOUTHWORTH AUTO VENTURE, INC.



FILED Feb 11, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

8676 WINDY CIRCLE **BOYNTON BEACH, FL 33437** 8676 WINDY CIRCLE BOYNTON BEACH, FL 33437



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02012008 No Chg-P

4. FEI Number 55-0792977

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOUTHWORTH, ANDREW 8676 WINDY CIRCLE **BOYNTON BEACH, FL 33437**

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its req	gistered office or r	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					DATE
	Signature, typed or printed name of registered agent and title i	reppicable. (NOTE: Hi	idenican ydeur adumm	e required when reinstating)	T
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				\$5.00 May Be Added to Fees	U00000822406 02/19/08-90065-024 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SOUTHWORTH, ANDREW 8676 WINDY CIRCLE BOYNTON BEACH, FL 33437				·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SOUTHWORTH, ANDREA N 8676 WINDY CIRCLE BOYNTON BEACH, FL 33437				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
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IN THIS SPACE

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 w

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP