

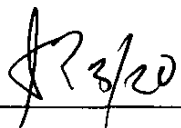



2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P02000095626 1. Entity Name AUTO CENTRAL SERVICES, INC.						FILED 07 MAR 16 PM 1:40 STATE OF FLORIDA TALLAHASSEE, FLORIDA			
Principal Place of Business 707 S WASHINGTON BLVD SARASOTA, FL 34236				Mailing Address 707 S WASHINGTON BLVD SARASOTA, FL 34236					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite Apt # etc 50 Central Ave. Suite 900		50 Central Ave. Suite 900						02202007 Chg-P CR2E034 (12/06)	
City Sarasota, FL 34236		Sarasota, FL 34236						4. FEI Number 32-0029439	
Zip 34236		Country		Zip 34236		Country			
6. Name and Address of Current Registered Agent TOSCH, JOHN E ESQ 707 S WASHINGTON BLVD SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street 50 Central Ave. Suite 900 (Applicable) Sarasota, FL 34236 City FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, VERNON G <input type="checkbox"/> Delete 707 S WASHINGTON BLVD SARASOTA, FL 34236			TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 Central Ave. Suite 900 <input type="checkbox"/> Change <input type="checkbox"/> Addition Sarasota, FL 34236				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Delete TOSCH, JOHN E 707 S. WASHINGTON BLVD. SARASOTA, FL 34236			TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 Central Ave. Suite 900 <input type="checkbox"/> Change <input type="checkbox"/> Addition Sarasota, FL 34236				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete HITEMAN, STEVE 707 S WASHINGTON BLVD SARASOTA, FL 34236			TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 Central Ave. Suite 900 <input type="checkbox"/> Change <input type="checkbox"/> Addition Sarasota, FL 34236				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700094853957 03/27/07--01033--009 **\$11.25				
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:  3/8/7 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									