2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031096

Title:

Name:

Address:

City-St-Zip:

TREA

() Delete

REID, PHILLIP A TREAS

11508 ROBLES DEL RIO PL

TEMPLE TERRACE, FL 33617

FILED Apr 07, 2009 Secretary of State

Entity Name: THE AUTOBRANCH OF FT. LAUDERDALE, INC.								
Current Principal Place of Business:				New Principal Place of Business:				
	H FEDERAL RDALE, FL :							
Current Mailing Address:				New Mailing Address:				
P O BOX 29 TAMPA, FL								
FEI Number:	13-4242426	FEI Number Applied For ()	FEI Numb	ber Not Appl	icable ()	Certifica	ate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
HAWKE, BRIAN H 6813 E HILLSBOROUGH AV TAMPA, FL 33610 US				HAWKE, BRIAN H 6311 E HILLSBOROUGH AV TAMPA, FL 33610 US				
The above in the State		submits this statement for the p	ourpose of	changing i	ts registered	office or r	egistered agent, or both,	
SIGNATURE:						0	4/07/2009	
	Electro	nic Signature of Registered Age	ent				Date	
Election Cam	paign Financin	g Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	MULKEY, ART 523 TERRACE		1	Title: Name: Address: City-St-Zip:	() Change(() Addition	
Title: Name: Address: City-St-Zip:	HAWKE, BRIA 11504 ORILLA		1	Title: Name: Address: City-St-Zip:	D,S (2 HAWKE, BRIA 11504 ORILLA TEMPLE TER	ŃH A DEL RIO I		
Title: Name: Address: City-St-Zip:	HAWKE, STEF 10903 THERE) Delete PHEN A SA ARBOR DRIVE RACE, FL 33617	1	Title: Name: Address: City-St-Zip:	() Change(() Addition	
Title: Name: Address: City-St-Zip:	WILSON, ROB 11110 RICHLY		1	Title: Name: Address: City-St-Zip:	() Change(() Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PHILLIP A REID **TREA** 04/07/2009

() Change () Addition