2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078103

Name:

Address:

City-St-Zip:

WILSON, DENNIS E

SAINT PETERSBURG, FL 33742

P.O. BOX 20726

Entity Name: FLORIDA DIRECT AUTO SALES INC.

FILED Apr 07, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Princip	New Principal Place of Business:		
4301 32ND ST. W.				1298 MARKET CIRCLE		
A-17 BRADENT	ON, FL 3420	5 US	UNIT 1H PORT CHAF	RLOTTE, FL 33953	US	
Current M	lailing Addres	ss:	New Mailing	New Mailing Address:		
PO BOX 20726 ST.PETERSBURG, FL 33742			UNIT 1H	1298 MARKET CIRCLE UNIT 1H PORT CHARLOTTE, FL 33953 US		
FEI Number:	: 20-0096824	FEI Number Applied For ()	FEI Number Not Applica	able () Certifica	ate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and A	Name and Address of New Registered Agent:		
The above	O, FL 34221 named entity of Florida.	US submits this statement for the	purpose of changing its	registered office or r	egistered agent, or both,	
		nic Signature of Registered Ag	ent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	WILSON, DENI P.O. BOX 2072		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	WILSON, DENI P.O. BOX 2072		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title:	D () Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DENNIS E. WILSON PRES 04/07/2009