

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121473

FILED
Feb 26, 2009
Secretary of State

Entity Name: SAM'S PENSACOLA AUTO CENTER, INC.

Current Principal Place of Business:

420 AIRPORT BLVD.
PENSACOLA, FL 32503

New Principal Place of Business:

420 AIRPORT BLVD
PENSACOLA, FL 32503

Current Mailing Address:

420 AIRPORT BLVD.
PENSACOLA, FL 32503

New Mailing Address:

420 AIRPORT BLVD
PENSACOLA, FL 32503

FEI Number: 20-0301912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, EDESEL F JR
308 SOUTH JEFFERSON STREET
PENSACOLA, FL 32502 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: D () Delete
Name: MULLEN, CLAUDE H III
Address: 1141 PERDIDO MANOR DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: MULLEN, MARCIA P
Address: 1141 PERDIDO MANOR DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: S () Delete
Name: MULLEN, ZACHARY A S
Address: 1141 PERDIDO MANOR DRIVE
City-St-Zip: PENSACOLA, FL 32506

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:

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: CLAUDE H MULLEN, III

DIR

02/26/2009

Electronic Signature of Signing Officer or Director

Date