

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122265

Entity Name: SEGOVIA AUTO SALES INC.

FILED  
Jan 09, 2009  
Secretary of State

## Current Principal Place of Business:

3590 NW HWY 326  
OCALA, FL 34475

## New Principal Place of Business:

## Current Mailing Address:

10867 SW 45TH CT  
OCALA, FL 34476

## New Mailing Address:

FEI Number: 52-2415151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEGOVIA, RAUL  
10867 SW 45TH CT  
OCALA, FL 34476 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: SEGOVIA, RAUL  
Address: 10867 SW 45TH CT  
City-St-Zip: OCALA, FL 34476

Title: P ( ) Delete  
Name: SEGOVIA, RAUL  
Address: 6722 SW 53RD AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: VP ( ) Delete  
Name: SEGOVIA, ANABELLE  
Address: 6722 SW 53RD AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: S ( ) Delete  
Name: SEGOVIA, ANABELLE  
Address: 6722 SW 53RD AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: T ( ) Delete  
Name: SEGOVIA, RAUL  
Address: 6722 SW 53RD AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

## 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:

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: ANABELLE SEGOVIA

VP

01/09/2009

Electronic Signature of Signing Officer or Director

Date