

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

02-28-2008 90008 016 ***150.00

DOCUMENT # P03000129558			
1. Entity Name AUTOCO, INC.			
Principal Place of Business 13938 PASADENA AVENUE, S. S. PASADENA, FL 33707		Mailing Address PO BOX 67155 ST PETE, FL 33736	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0381894		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAPIRO, KEN 13938 PASADENA AVE SAINT PETERSBURG, FL 33707 <i>P.O. Box 67155 St. Pete Beach, FL 33736</i>		7. Name and Address of New Registered Agent Name <i>Ken SHAPIRO</i> Street Address (P.O. Box Number is Not Acceptable) <i>120 RAY OAKLAND PK. BLDG. #105-555</i> City <i>WILTON MANORS</i> FL Zip Code <i>33334</i>	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		DATE <i>2/25/08</i> <i>3/14/08</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PSD SHAPIRO, KENNETH PO BOX 67155 ST PETERSBURG, FL 33736 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 business registered.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <i>2/25/08</i> Date	