



2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000142978 1. Entity Name PREMIER AUTO MALL, INC.			
Principal Place of Business 2021 PALM VIEW DR APOPKA, FL 32712		Mailing Address 2021 PALM VIEW DR APOPKA, FL 32712	
2. Principal Place of Business - No P.O. Box # 320 GOLF BROOK CIRCLE		3. Mailing Address 320 GOLF BROOK CIRCLE	
Suite, Apt. #, etc. # 110		Suite, Apt. #, etc. # 110	
City & State LONGWOOD, FL		City & State LONGWOOD, FL	
Zip 32779		Zip 32779	
Country USA		Country USA	
4. FEI Number 55-0852576		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARVER, ROBERT L SR 2021 PALM VIEW DR APOPKA, FL 32712		7. Name and Address of New Registered Agent Name GARVER, ROBERT L. SR Street Address (P.O. Box Number is Not Acceptable) 320 GOLF BROOK CIRCLE #110 City LONGWOOD FL Zip Code 32779	
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  5-8-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME GARVER, ROBERT L SR	TITLE PD	NAME 320 GOLF BROOK CIRCLE #110
STREET ADDRESS 2021 PALM VIEW DR	CITY-ST-ZIP APOPKA, FL 32712	STREET ADDRESS 320 GOLF BROOK CIRCLE #110	CITY-ST-ZIP LONGWOOD, FL 32779
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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BS/22/07		300103608259 05/31/07--01028--005 **\$1.25	
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 like empowered.			
SIGNATURE: 		5-8-07 407-325-4661	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

FILED

07 MAY 14 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05082007 Chg-P CR2E034 (12/06)