## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000144980**

1. Entity Name

CREST AUTO WHOLESALERS OF SW FL, INC.



FILED Jan 24, 2008 08:00 All Secretary of State

Principal Place of Business

Mailing Address

14561 WEST HAL CT FORT MYERS, FL 33905 14561 WEST HAL CT FORT MYERS, FL 33905



DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
20-0422131	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MESSIER, MICHAEL T 14561 WEST HAL CT FORT MYERS, FL 33905

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)						
	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		****		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSIER, MICHAEL T 14561 WEST HAL CT FORT MYERS, FL 33905				<u>000000793339</u>	
NAME STREET ADDRESS CITY-ST-ZIP					01/25/08-80005-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<b>DO</b>	NOT WRITE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					C. Florido Chabara Lásabar actificabat ha aformation	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22 08

239 980 4136

Daytime