

## **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000144980

**FILED**  
**Apr 09, 2008**  
**Secretary of State**

**Entity Name:** CREST AUTO WHOLESALERS OF SW FL, INC.

**Current Principal Place of Business:**

14561 WEST HAL CT  
FORT MYERS, FL 33905

**New Principal Place of Business:**

2431 CONCORDE DRIVE  
FORT MYERS, FL 33901

**Current Mailing Address:**

14561 WEST HAL CT  
FORT MYERS, FL 33905

**New Mailing Address:**

**FEI Number:** 20-0422131

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MESSIER, MICHAEL T  
Address: 14561 WEST HAL CT  
City-St-Zip: FORT MYERS, FL 33905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: MESSIER, MICHAEL T  
Address: 14561 WEST HAL CT  
City-St-Zip: FORT MYERS, FL 33905

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: MICHAEL T. MESSIER

PRES

04/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date