## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## FILED DOCUMENT # P03000151608 06 JUN 23 PM 12: 59 HANANIA AUTOMOTIVE MANAGEMENT CORP. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7200 BLANDING BLVD 7200 BLANDING BLVD JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32244 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06162006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 14-1900687 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HANANIA, JACK Y Street Address (P.O. Box Number is Not Acceptable) 7200 BLANDING BLVD JACKSONVILLE, FL 32244 City Zip Code FL 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. (NOTE: Registered Agent argusture required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change 🔀 Addition Defete TITLE DPS TITLE Hanania, Jack Y. 7200 Blanding Blvd. HANANIA, JACK Y NAME NAME 7200 BLANDING BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE DVP Hanania, Deborah S. NAME HANANIA, DEBORAH S NAME 7200 Blanding Blvd. 7200 BLANDING BLVD STREET ADDRESS STREET ADORESS CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-ZIP <u>Jacksonville, </u> ☐ Change X Addition Delete TITLE TITLE Norris, Ida B. NAME NAME 7200 Blanding Blvd STREET ADDRESS STREET ADDRESS 32244 Jacksonville, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME 20007667312 06/28/06--01013--004 \*\* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 6-20-06 777-5600 SIGNATURE: