

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006920

Entity Name: WISE AUTO SALES, INC.

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

4021 S PINE AVENUE
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

4021 S PINE AVENUE
OCALA, FL 34480

New Mailing Address:

FEI Number: 20-0679452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISE, EVERETT II
4021 S PINE AVENUE
OCALA, FL 34480 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: WISE, LESLIE L
Address: 6100 S MAGNOLIA AVE.
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: WISE, LESLIE L
Address: 6100 S MAGNOLIA AVE.
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: WISE, LESLIE L
Address: 6100 S MAGNOLIA AVE.
City-St-Zip: OCALA, FL 34471

Title: D (X) Change () Addition
Name: WISE, LESLIE L
Address: 6100 S MAGNOLIA AVE.
City-St-Zip: OCALA, FL 34471

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: LESLIE L WISE

PVST

04/09/2009

Electronic Signature of Signing Officer or Director

Date