

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052018

Entity Name: FT. MYERS AUTOHAUS, INC.

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

16520 S. TAMiami TRAIL
SUITE 18-101
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16520 S. TAMiami TRAIL
SUITE 18-101
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-0907954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOGENBERGER, WENDY M
6211 FOREST VILLAS CIRCLE
FT. MYERS, FL 33908 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: P () Delete
Name: CORTES, ALFREDO
Address: 6211 FOREST VILLAS CIRCLE
City-St-Zip: FT. MYERS, FL 33908

Title: VP () Delete
Name: MARCINKOWSKI, KAZ
Address: 6211 FOREST VILLAS CIRCLE
City-St-Zip: FT. MYERS, FL 33908

Title: STD () Delete
Name: VOGENBERGER, WENDY M
Address: 6211 FOREST VILLAS CIRCLE
City-St-Zip: FT. MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: VOGENBERGER, WENDY
Address: 6211 FOREST VILLAS CIRCLE
City-St-Zip: FT. MYERS, FL 33908

Title: STD (X) Change () Addition
Name: KAZ, MARCINKOWSKI M
Address: 6211 FOREST VILLAS CIRCLE
City-St-Zip: FT. MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALFREDO J. CORTES

PRE

04/19/2005

Electronic Signature of Signing Officer or Director

Date