2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076115

Name:

Address:

City-St-Zip:

FILED Apr 14, 2005 Secretary of State

Entity Na	me: IM AUTO	SALES, INC.				•	
Current Principal Place of Business:				New Principal Place of Business:			
6530 LAND O LAKES BLVD LAND O LAKES, FL 34639				6530 LAND O LAKES BLVD LAND O LAKES, FL 34638			
Current Mailing Address:				New Mailing Address:			
6530 LAND O LAKES BLVD LAND O LAKES, FL 34639				6530 LAND O LAKES BLVD LAND O LAKES, FL 34638			
FEI Number: 20-1114949		FEI Number Applied For ()	FEI Nur	FEI Number Not Applicable ()		Certificate of Status Desired ()	
Name and Address of Current Registered Agent: N					Name and Address of New Registered Agent:		
1840 SW 2 4TH FLOO MIAMI, FL The above	OR 33145 US named entity s e of Florida.		purpose o	of changing i	ts register	ed office or registered agent, or both,	
Electronic Signature of Registered Agent				Date			
Election Ca	mpaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () MATULA, DEBR 2530 LAND O L LAND O LAKES	AKES BLVD		Title: Name: Address: City-St-Zip:		(X) Change()Addition DEBRA L D O LAKES BLVD AKES, FL 34638	
Title: Name: Address: City-St-Zip:	D () SINDER, JAMES 2530 LAND O L LAND O LAKES	AKES BLVD		Title: Name: Address: City-St-Zip:	6530 LAN	(X) Change()Addition JAMES W JR D O LAKES BLVD AKES, FL 34638	
Title [.]	()	Delete		Title [.]	S/T	() Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

SNIDER, JAMES W JR 6530 LAND O LAKES BLVD

LAND O LAKES, FL 34638

SIGNATURE: JAMES W SNIDER JR S/T 04/14/2005