2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000078566

1. Entity Name

HENDRY COUNTY AUTOMOTIVE, INC.



Principal Place of Business

LABELLE, FL 33935

621 SOUTH BRIDGE STREET

Mailing Address

621 SOUTH BRIDGE STREET LABELLE, FL 33935

FILED Apr 27, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04232007 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1128263

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURGER, DOUGLAS G 621 SOUTH BRIDGE STREET LABELLE, FL 33935

DO NOT WRITE IN THIS SPACE

		280000000000		
 The above named entity submits this statement for the p the obligations of registered agent. 	ourpose of chan			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered		(NOTE: Registered Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Campaign Financing nd Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECT	CTORS			
TRILE P/D NAME BURGER, DOUGLAS G STREET ADDRESS CITY-ST-ZIP LABELLE, FL 33935				
TITLE VP/S NAME BURGER, JUDY A STREET ADDRESS 621 SOUTH BRIDGE STREET CITY-ST-ZIP LABELLE, FL 33935				000000736360 05/10/07-80073-010 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
IITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE		10.000.000		

12. Thereby certify that the information supplied with this filling 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.

SIGNATURE:

NAME STREET ADDRESS CITY+ST-Z/P

THE AND TYPED DIPPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 863-675.0388

-10 4/25/07