


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90010 045 ***150.00

DOCUMENT # P04000078566		
1. Entity Name HENDRY COUNTY AUTOMOTIVE, INC.		

Principal Place of Business 621 SOUTH BRIDGE STREET LABELLE FL 33935	Mailing Address 621 SOUTH BRIDGE STREET LABELLE FL 33935
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2. Principal Place of Business - No P.O. Box # 380 Cowboy Way Suite, Apt. #, etc.	3. Mailing Address P.O. Box 2155 Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State Labelle, FL	City & State Labelle, FL
Zip 33935	Zip 33935
Country Hendry	Country Hendry

4. FEI Number 20-1128263	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BURGER, DOUGLAS G 621 SOUTH BRIDGE STREET LABELLE FL 33935	
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7. Name and Address of New Registered Agent Name Burger, Douglas G. Street Address (P.O. Box Number is Not Acceptable) 380 Cowboy Way City Labelle FL Zip Code 33935	
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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 signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Delete BURGER, DOUGLAS G 621 SOUTH BRIDGE STREET LABELLE FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S <input type="checkbox"/> Delete BURGER, JUDY A 621 SOUTH BRIDGE STREET LABELLE FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Judy Burger - Judy Burger, VPLS **4/24/08 863-675-0388**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone