

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90083 009 ***150.00

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1. Entity Name

GARY'S AUTOMOTIVE OF PASCO INC



Principal Place of Business

6250 GALL BLVD
ZEPHYRHILLS, FL 33542

Mailing Address

P.O. BOX 203
CRYSTAL SPRINGS, FL 33524



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3772497

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOUTHWICK, RICHARD A JR
1518 CRYSTAL SPRINGS RD
ZEPHYRHILLS, FL 33540

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SOUTHWICK, RICHARD A JR
STREET ADDRESS 1518 CRYSTAL SPRINGS RD
CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE V
NAME SOUTHWICK, JUDITH A
STREET ADDRESS 1518 CRYSTAL SPRINGS RD
CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE S
NAME SOUTHWICK, KENNETH
STREET ADDRESS 1518 CRYSTAL SPRINGS RD
CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE T
NAME SOUTHWICK, RICHARD A III
STREET ADDRESS 1518 CRYSTAL SPRINGS RD
CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #