

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171941

FILED
Mar 27, 2009
Secretary of State

Entity Name: LONGWOOD AUTO ACQUISITIONS II, INC.

Current Principal Place of Business:

9001 E COLONIAL DR
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

9001 E COLONIAL DR
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 20-2088038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER PA
50 N LAURA STREET SUITE 2200
ATTEN: MICHAEL E. GOODBREAD JR.
JACKSONVILLE, FL 32202 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: ATKINSON, CARL R
Address: 9001 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32817

Title: V () Delete
Name: RODRIGUEZ, FRANK J
Address: 9001 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32817

Title: T () Delete
Name: ALDEN, EDWARD M
Address: 9001 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32817

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: MGRM () Change (X) Addition
Name: O'NEILL, JAMES
Address: 9001 EAST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EDWARD M ALDEN

T

03/27/2009

Electronic Signature of Signing Officer or Director

Date