

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000050482

1. Entity Name
STRALL'S AUTOMOTIVE, INC.



Principal Place of Business
**2660 AVE OF THE AMERICAS
ENGLEWOOD, FL 34224**

Mailing Address
**2660 AVE OF THE AMERICAS
ENGLEWOOD, FL 34224**



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1679261

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STRALL, WILLIAM
2660 AVE OF THE AMERICAS
ENGLEWOOD, FL 34224**

**DO NOT WRITE
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

William P. Strall

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000785842
01/17/08-80018-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STRALL, WILLIAM P
STREET ADDRESS	7337 SKYCREST STREET
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	D
NAME	STRALL, SHERYL A
STREET ADDRESS	7337 SKYCREST STREET
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

William P. Strall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/08

Date

941-473-5500

Daytime Phone #