

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065742

FILED
Mar 28, 2009
Secretary of State

Entity Name: AUTO CITY OF SARASOTA, INC.

Current Principal Place of Business:

904 SOUTH TAMIAMI TRAIL
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

904 SOUTH TAMIAMI TRAIL
OSPREY, FL 34229

New Mailing Address:

FEI Number: 20-2801876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALVEY, DAVID
688 SHADOW BAY WAY
OSPREY, FL 34229 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: PRES () Delete
Name: FALVEY, DAVID E
Address: 688 SHADOW BAY WAY
City-St-Zip: OSPREY, FL 34229

Title: VP () Delete
Name: RATCLIFF, HAVEN A
Address: 7 LONG MEADOW ROAD
City-St-Zip: ROTUNDA WEST, FL 33947

Title: SEC () Delete
Name: RATCLIFF, HAVEN A
Address: 7 LONG MEADOW RD
City-St-Zip: ROTUNDA WEST, FL 33947

Title: TREA () Delete
Name: FALVEY, DAVID E
Address: 688 SHADOW BAY WAY
City-St-Zip: OSPREY, FL 34229

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

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: DAVID FALVEY

PRES

03/28/2009

Electronic Signature of Signing Officer or Director

Date