

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90051 019 ***158.75

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1. Entity Name
CITY AUTOMOTIVE-SUZUKI, INC.



Principal Place of Business
10585 ATLANTIC BLVD.
JACKSONVILLE, FL 32225

Mailing Address
10585 ATLANTIC BLVD.
JACKSONVILLE, FL 32225

40040008



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-2883324

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOREHAND, JOHN W.
125 S. GADSDEN ST., STE. 300
TALLAHASSEE, FL 32301

Name John Galeani

Street Address (P.O. Box Number is Not Acceptable)

10585 Atlantic Blvd.

City Jacksonville

FL

Zip Code 32225

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]

John Galeani

02/26/08

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC ☐ Delete
NAME BRESNAM, WILLIAM J.
STREET ADDRESS 15 BYRAM SHORE RD.
CITY-ST-ZIP GREENWICH, CT 06830

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME GALEANI, JOHN
STREET ADDRESS 1628 BEACH AVE.
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCFO ☒ Delete
NAME MIGIANO, GREGG
STREET ADDRESS 10585 ATLANTIC BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE VCFO ☐ Change ☒ Addition
NAME Rosa, Salvatore
STREET ADDRESS 10585 Atlantic Blvd.
CITY-ST-ZIP Jacksonville, FL 32225

TITLE S ☐ Delete
NAME BRESNAM, ROBERT
STREET ADDRESS 10585 ATLANTIC BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BRESNAM, PATRICK
STREET ADDRESS 341 STANWICH RD.
CITY-ST-ZIP GREENWICH, CT 06897

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DEMOND, JEFFREY S.
STREET ADDRESS 281 WESTPORT RD.
CITY-ST-ZIP WILTON, CT 06897

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* John Galeani, President

02/26/08 904-645-0345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #