

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000160881

FILED  
May 14, 2007  
Secretary of State

Entity Name: ARMOR-DILLO AUTO PRODUCTS, INC.

## Current Principal Place of Business:

501 FAULKENBURG RD.  
TAMPA, FL 33619

## New Principal Place of Business:

412 CHASTAIN RD  
SEFFNER, FL 33584

## Current Mailing Address:

P.O. BOX 993  
LITHIA, FL 33547

## New Mailing Address:

FEI Number: 20-3908713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ODOM, JESSICA R  
501 FAULKENBURG RD.  
TAMPA, FL 33619 US

## Name and Address of New Registered Agent:

ODOM, JESSICA R  
412 CHASTAIN RD  
SEFFNER, FL 33584 US

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: JESSICA ODOM

05/14/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ODOM, JESSICA R  
Address: P.O. BOX 993  
City-St-Zip: LITHIA, FL 33547

Title: VP ( ) Delete  
Name: ODOM, GENE  
Address: P.O. BOX 993  
City-St-Zip: LITHIA, FL 33547

Title: S ( ) Delete  
Name: ODOM, GENE  
Address: P.O. BOX 993  
City-St-Zip: LITHIA, FL 33547

Title: T ( ) Delete  
Name: ODOM, JESSICA  
Address: P.O. BOX 993  
City-St-Zip: LITHIA, FL 33547

## 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: JESSICA ODOM

P

05/14/2007

Electronic Signature of Signing Officer or Director

Date