


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90179 043 ***150.00

DOCUMENT # P05000163658

1. Entity Name
ARTHUR ROSE AUTO SALES, INC.



Principal Place of Business Mailing Address

~~6939 B HACHEM DRIVE~~ 3317 LANDOVER BLVD.
~~PORT RICHEY, FL 34668~~ US SPRING HILL, FL 34609 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

15949 US 19 N 15949 US 19 N

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

HUDSON FL HUDSON FL

Zip Country Zip Country

34667 PASCO 34667 PASCO

40001000



03262007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

SCHMIDLIN, ARTHUR R
 3317 LANDOVER BLVD.
 SPRING HILL, FL 34609
 Home Address

4. FEI Number Applied For

20-3950585 Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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: *Arthur Schmidlin* DATE: 04-23-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDLIN, ARTHUR R	NAME	
STREET ADDRESS	6939 B HACHEM	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668	CITY-ST-ZIP	
TITLE	PRES-Owner	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR SCHMIDLIN	NAME	
STREET ADDRESS	15949 US 19 N	STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Arthur Schmidlin* DATE: 04-23-07 727-868-4389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #