

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P06000005450**

1. Entity Name  
**REED MITCHELL CARS, INC**



Principal Place of Business  
**2601 NE 39TH AVE  
GAINESVILLE, FL 32609**

Mailing Address  
**7815 NW 20TH LANE  
GAINESVILLE, FL 32605**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-4080328</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**MITCHELL, ROBERT A  
7815 NW 20TH LANE  
GAINESVILLE, FL 32605**

**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 \_\_\_\_\_  
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**

U000000777166  
01/09/08-80053-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MITCHELL, ROBERT A
STREET ADDRESS	7815 NW 20TH LANE
CITY-ST-ZIP	GAINESVILLE, FL 32605

TITLE	VP,S
NAME	REED-MITCHELL, WENDY L
STREET ADDRESS	7815 NW 20TH LANE
CITY-ST-ZIP	GAINESVILLE, FL 32605

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** Robert A. Mitchell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08 352-538-9951  
Date Daytime Phone #