2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000007639

1. Entity Name
HOT RODS & RELICS INC.

Principal Place of Business	Mailing Address
704 S. MAIN STREET CRESTVIEW, FL 32536	P.O. BOX 683 CRESTVIEW, FL 32536

DO NOT WRITE IN THIS SPACE

04232008 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
20-4309537	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TATE, RITA
704 S. MAIN ST.
CRESTVIEW, FL 32536

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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	

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TATE, DANNY
STREET ADDRESS	704 S. MAIN ST.
CITY-ST-ZIP	CRESTVIEW, FL 32536

TITLE	DV
NAME	TATE, RITA
STREET ADDRESS	704 S. MAIN STREET
CITY-ST-ZIP	CRESTVIEW, FL 32536

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/21/08-80067-013 150.00

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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: _Rita Tate_   4-23-08

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