


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90051 031 ***158.75

DOCUMENT # P06000028695	
1. Entity Name MICKENS AUTO SALES INC.	

Principal Place of Business 7222 LEM TURNER CIR JACKSONVILLE, FL 32208	Mailing Address 7222 LEM TURNER CIR JACKSONVILLE, FL 32208
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40103444



2. Principal Place of Business - No P.O. Box # 7222 Lem Turner Circle	3. Mailing Address 7222 Lem Turner Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05012007 Chg-P CR2E034 (12/06)

City & State Jacksonville Florida	City & State Jacksonville Florida
Zip 32208	Country USA
Zip 32208	Country USA

4. FEI Number 34-2061391	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MICKENS, FREDERICK E 7222 LEM TURNER CIR JACKSONVILLE, FL 32208	
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7. Name and Address of New Registered Agent Name Mickens Frederick E Street Address (P.O. Box Number is Not Acceptable) 7222 Lem Turner Circle City Jacksonville FL Zip Code 32208	
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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 Frederick E. Mickens DATE 5/1/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MICKENS, FREDERICK E 7222 LEM TURNER CIR JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MICKENS, FREDERICK L 7222 LEM TURNER CIR JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P Mickens Frederick E. 7222 Lem Turner Circle Jacksonville FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition LP Fredricka Mickens L 7222 Lem Turner Circle Jacksonville FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE Frederick E. Mickens <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 5/1/07	Daytime Phone # (904) 7688599
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