


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90214 015 ***150.00

DOCUMENT # P06000033152

1. Entity Name
AUTO AIR & AUDIO, INC



Principal Place of Business 1715 CROWNED AVE. GROVELAND FL 34736	Mailing Address 1715 CROWNED AVE. GROVELAND FL 34736
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2. Principal Place of Business - No P.O. Box # 241 Lake Ring Drive	3. Mailing Address 241 Lake Ring Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State Winter Haven FL	City & State Winter Haven FL
Zip 33884	Zip 33884
Country USA	Country USA

4. FEI Number 40-1518230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KIRKPATRICK, SAMUEL T.
 1715 CROWNED AVE.
 GROVELAND FL 34736**

7. Name and Address of New Registered Agent

Name **Samuel Todd Kirkpatrick**
 Street Address (P.O. Box Number is Not Acceptable)
241 Lake Ring Drive
 City **Winter Haven FL** Zip Code **33884**

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 **Samuel J. Kirkpatrick** **Samuel Kirkpatrick** **4-29-08**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required with incorporation.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRKPATRICK, S. TODD 1715 CROWNED AVE. GROVELAND FL 34736 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIRKPATRICK, MARY 1715 CROWNED AVE. GROVELAND FL 34736 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KIRKPATRICK, JOSHUA 4355 S. NATIONAL, APT. 705 SPRINGFIELD MO 65810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIRKPATRICK, JORDAN 516 E. LINDBERG PL SPRINGFIELD MO 65807 <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	P Kirkpatrick S. Todd 241 Lake Ring Drive Winter Haven FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kirkpatrick, Mary 241 Lake Ring Drive Winter Haven FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Joshua Kirkpatrick 241 Lake Ring Drive Winter Haven FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kirkpatrick, Jordan 241 Lake Ring Drive Winter Haven FL 33884 <input checked="" 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 Section 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: **Mary Kirkpatrick** **Mary Kirkpatrick** **4-29-08** **352 536 2434**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr