

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000051375

FILED
Apr 09, 2008
Secretary of State

Entity Name: INTERSTATE AUTOMOTIVE WHOLESALE, INC.

Current Principal Place of Business:

4455 HWY 92 E
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

4455 HWY 92 E
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 74-3173148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, JAMES D JR.
1111-THIRD AVE W STE 150
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, MISTY M
Address: 2515 N COMBEE RD
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: BROWN, CHARLIE
Address: 5767 DEER FLAG RD
City-St-Zip: LAKELAND, FL 33811

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, MISTY M
Address: 2515 N COMBEE RD
City-St-Zip: LAKELAND, FL 33805 US

Title: VP (X) Change () Addition
Name: BROWN, CHARLIE
Address: 5767 DEER FLAG RD
City-St-Zip: LAKELAND, FL 33811 US

Title: S () Change (X) Addition
Name: BROWN, TRACY
Address: 5768 DEER FLAG DR
City-St-Zip: LAKELAND, FL 33811 US

Title: TR () Change (X) Addition
Name: DAVIS, LEE A
Address: 2515 N COMBEE RD
City-St-Zip: LAKELAND, FL 33805 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MISTY DAVIS

P

04/09/2008

Electronic Signature of Signing Officer or Director

Date