


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 05, 2007 8:00 am**  
**Secretary of State**

01-05-2007 90030 018 \*\*\*150.00

<b>DOCUMENT # P06000051875</b>	
1. Entity Name <b>CARLOU AUTO, INC.</b>	

Principal Place of Business <b>565 LAKE DRIVE OCALA, FL 34472-5050</b>	Mailing Address <b>565 LAKE DRIVE OCALA, FL 34472-5050</b>
---	---

2. Principal Place of Business - No P.O. Box # <b>12865 E. Highway 25</b>	3. Mailing Address <b>565 Lake Drive</b>
Suite, Apt. #, etc. <b>Unit B</b>	Suite, Apt. #, etc.

City & State <b>Ocklawaha, FL</b>	City & State <b>Ocala, FL</b>
--------------------------------------	----------------------------------

Zip <b>32183</b>	Country <b>U.S.</b>	Zip <b>34472</b>	Country <b>U.S.</b>
---------------------	------------------------	---------------------	------------------------

6. Name and Address of Current Registered Agent <b>COLAIANNI, LOUIS O 5457 S.W. 85TH PLACE OCALA, FL 34476</b>	
---	--

400000083



01032007 Chg-P CR2E034 (12/06)

4. FEI Number <b>84-1708230</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

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: _____	(NOTE: Registered Agent signature required when renewing)	DATE _____
------------------	---	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD COLAIANNI, LOUIS O 5457 S.W. 85TH PLACE OCALA, FL 34476</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD GAINOR, CARL 565 LAKE DRIVE OCALA, FL 344725050</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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.

<b>SIGNATURE:</b> _____	<b>1/4/07</b>	<b>(352) 207-4800</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #