## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000071159

Entity Name: AUTOZ EMPORIUM INC

FILED Jun 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2785 TUSKET AVE 8549 PEGASUS DR

NORTH PORT, FL 34286 LEHIGH ACRES, FL 33971

Current Mailing Address: New Mailing Address:

2785 TUSKET AVE 8549 PEGASUS DR

NORTH PORT, FL 34286 LEHIGH ACRES, FL 33971

FEI Number: 20-4924956 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TURNER, MARK 5849 PEGASUS DR TURNER, MARK 8549PEGASUS DR

LEHIGH ACRES, FL 33971 US LEHIGH ACRES, FL 33971 US

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: 06/04/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 TURNER, HERBERT
 Name:
 TURNER, HERBERT

 Address:
 5849 PEGASUS DR
 Address:
 8549 PEGASUS DR

 City-St-Zip:
 LEHIGH ACRES, FL 33971
 City-St-Zip:
 LEHIGH ACRES, FL 33971

 Name:
 TURNER, HERBERT
 Name:
 BAKUN, DAVID N

 Address:
 5849 PEGASUS DR
 Address:
 8549 PEGASUS DR

 City-St-Zip:
 LEHIGH ACRES, FL 33971
 City-St-Zip:
 LEHIGH ACRES, FL 33971

Title: S () Delete Title: S (X) Change () Addition

 Name:
 TURNER, HERBERT
 Name:
 TURNER, HERBERT

 Address:
 5849 PEGASUS DR
 Address:
 8549 PEGASUS DR

 City-St-Zip:
 LEHIGH ACRES, FL 33971
 City-St-Zip:
 LEHIGH ACRES, FL 33971

Title: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 TURNER, HERBERT
 Name:
 BAKUN, DAVID N

 Address:
 5849 PEGASUS DR
 Address:
 8549 PEGASUS DR

 City-St-Zip:
 LEHIGH ACRES, FL 33971
 City-St-Zip:
 LEHIGH ACRES, FL 33971

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: HERBERT TURNER CEO 06/04/2008