

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90030 035 ***150.00

90167100



07232007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000118590 1. Entity Name ACTION AUTO CENTER OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 5630 PALMER BLVD., BLDG. C SARASOTA, FL 34234			Mailing Address 5630 PALMER BLVD., BLDG. C SARASOTA, FL 34234		
2. Principal Place of Business - No P.O. Box # 5642 PALMER BLVD. Suite, Apt. #, etc.		3. Mailing Address 5642 PALMER BLVD. Suite, Apt. #, etc.			
City & State SARASOTA, FL Zip 34232 Country USA		City & State SARASOTA, FL Zip 34232 Country USA		4. FEI Number 20-5576404 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 BAUMANN, BLAKE R. 5630 PALMER BLVD., BLDG. C SARASOTA, FL 34234	
7. Name and Address of New Registered Agent Name BAUMANN, BLAKE R. Street Address (P.O. Box Number is Not Acceptable) 5445 POTTER ST. City SARASOTA FL Zip Code 34232				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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BAUMANN, BLAKE R 5630 PALMER BLVD., BLDG. C SARASOTA, FL 34234		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BAUMANN, GRANT R 5630 PALMER BLVD., BLDG. C SARASOTA, FL 34234		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHLABACH, BENJAMIN R 5630 PALMER BLVD., BLDG. C SARASOTA, FL 34234		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.					
SIGNATURE: <u>B. R. Schlabach</u> BENJAMIN R. SCHLABACH 7/23/07 (941) 371-4048 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					