FILED Jan 24, 2008 8:00 am Secretary of State

2006	FUR PROFIL CURPURATION	7
	ANNUAL REPORT	

	ANNUAL	KEPOKI	Secret	Secretary of State	
DOCUMENT # P06000118590 1. Entity Name ACTION AUTO CENTER OF SOUTHWEST FLORIDA, INC.				01-24-200	8 90033 019 ***150.00
Principal Place of Business 5642 PALMER BLVD SARASOTA, FL 34232		Mailing Address 5642 PALMER BLVD SARASOTA, FL 34232		40009207	BEKIN KERO KERO IOKAT ANIA TRIN ARNIBUTI NI IROF
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162008 Chg-P	CR2E034 (12/06)
City & State		City & State		4. FEI Number 20-5576404	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New	Registered Agent
BAUMANN, BLAKE R 5445 POTTER ST SARASOTA, FL 34232		Street A	Street Address (P.O. Box Number is Not Acceptable)		
**		City		FL Zip Code	
	named,entity submits this statement for ions of registered agent. ;;; Signature, typed or printed name of registered agent			registered agent, or both, in the State of l	Florida. I am familiar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campai Trust Fund Cont	• • –	\$5.00 May Be Added to Fees	
10.	· OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BAUMANN, BLAKE R 5630 PALMER BLVD., BLDG. C SARASOTA, FL 34234 D	☐ Delete	IITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BALLMUN, BLAKE R. 5445 POTIER ST. SARASOTA, FL. 34232 9EC./TRES	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	BAUMANN, GRANT R 5630 PALMER BLVD., BLDG. C SARASOTA, FL 34234		NAME STREET ADDRÉSS CITY-ST-ZIP	BAUMANN, GRANT R. 5445 BATER ST. SARASOTA, FL 34232	· /
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLABACH, BENJAMIN R 5630 PALMER BLVD., BLDG. C SARASOTA, FL 34234	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	VILE PRESTORIST SCHLABACH, BENJAMODI (135 BACCH) HUE. SARASUTA, FL 34737	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
indicated of the cor	on this report or supplemental report is	s true and accurate and that report	ny signature shall h as require# by Ch:	contained in Chapter 119, Florida Statutes lave the same legal effect as if made unde apter 607, Florida Statutes; and that my na	er oath; that I am an officer or director