## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P06000148602

1. Entity Name CARLILE MOTORS, INC.



Principal Place of Business

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Mailing Address<sup>1</sup>

3763 OLEANDER AVENUE FT PIERCE, FL 34982 US 3763 OLEANDER AVENUE FT PIERCE, FL 34982 US

### FILED Feb 29, 2008 08:00 Al Secretary of State



#### DO NOT WRITE IN THIS SPACE

02182008 · No Chg-P

CR2E034 (11/05)

4. FEI Number 20-5961199

Applied For Not Applicable

772-460 0314

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

THE LAW OFFICES OF NICK SPRADLIN, PLLC 4001 WEST HENRY AVENUE, SUITE 306 TAMPA, FL 33614

# DO NOT WRITE IN THIS SPACE

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 HOGGGGGA4015					
Signature, typed or printed name of registered agent and title if approache (NOTE: Registered Agent signature required when reinstating					0000000 7,75
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees			33, 12, 33, 332, 332, 133, 13
10. OFFICERS AND DIRECTORS					
TITLE	DIR				
NAME	CARLILE, DANA		ı		į
STREET ADDRESS	457 NE BLUEFISH POINT				
CITY-SI-ZIP	PORT ST. LUCY, FL 34983				
TITLE	PRES				
NAME	CARLILE, DANA		1		
STREET ADDRESS	457 NE BLUEFISH POINT				
CITY - ST - 7IP	PORT ST. LUCY, FL 34983		•		
TITLE	VP				
NAME	CARLILE, SANDRA		1		
STREET ADDRESS	457 BLUEFISH POINT		4	no	NOT WRITE
CITY-SI-ZIP	PORT ST. LUCY, FL 34983			DO	MOI WILL
TITLE	SEC.			IN	THIS SPACE
NAME	CARLILE, DANA			11.4	IIIIO OFACE
STREET ADDRESS	457 BLUEFISH POINT		ŀ		i
CITY-ST-ZIP	PORT ST. LUCY, FL 34983				
TITLE	TRE.		l.		ì
NAME	CARLILE, DANA				
STREET ADDRESS	457 BLUEFISH POINT		Ī		
CITY-ST-ZIP	PORT ST. LUCY, FL 34983				
TITLE					
NAME					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 examplement.

JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR