


2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/8/2008-90002-038-\$150.00-\$150.00

DOCUMENT # P07000073575 1. Entity Name ST GEORGE AUTO INC.						FILED 08 SEP 19 PM 4: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2124 NE PALM BAY RD PALM BAY, FL 32905 US				Mailing Address 2124 NE PALM BAY RD PALM BAY, FL 32905 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ZAKHARY, BASSEM 1237 WHITE OAK CR MELBOURNE, FL 32934				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 26-0422056			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008				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				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.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
P ZAKHARY, BASSEM 1237 WHITE OAK CIR MELBOURNE, FL 32934				VP ZAKHARY, BAHGAT 1237 WHITE OAK CIR MELBOURNE, FL 32934			
S ALFRED, NANCY 1237 WHITE OAK CIR MELBOURNE, FL 32934				VP FORD SOLIMAN 1854 BAY HILL DR MELBOURNE, FL 32940			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 09/03/08			
Devtime Phone #				Devtime Phone #			