

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000124983

FILED  
Jan 22, 2009  
Secretary of State

**Entity Name:** AUTO SUPPLY OF PORT ST. LUCIE, INC.

**Current Principal Place of Business:**

1974 SW BILTMORE ST  
PORT SAINT LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

745 SE MONTEREY ROAD  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 26-1580399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SLOAT, A. WAYNE  
745 SE MONTEREY ROAD  
STUART, FL 34994 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SLOAT, A. WAYNE  
Address: 745 SE MONTEREY ROAD  
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete  
Name: SLOAT, GARY C  
Address: 745 SE MONTEREY ROAD  
City-St-Zip: STUART, FL 34994

Title: T ( ) Delete  
Name: GABANY, JOSEPH  
Address: 1625 SE A ROSO BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34984

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** A WAYNE SLOAT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/22/2009

\_\_\_\_\_  
Date