


FILED
Feb 06, 2008 8:00 am
Secretary of State

90020

DOCUMENT # P07000132729				02-06-2008 90024 044 ***150.00	
1. Entity Name EXECUTIVE AUTO SALES OF ORLANDO INC.					
Principal Place of Business 4502 OLD WINTER GARDEN ROAD SUITE E ORLANDO, FL 32811		Mailing Address 7920 VILLAGE GREEN ROAD ORLANDO, FL 32818			
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	01262008 Chg-P CR2E034 (12/06)	
4. FEI Number 26-1589597		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
SULLIVAN, COLIN P 7920 VILLAGE GREEN ROAD ORLANDO, FL 32818		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City	FL	Zip Code	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SULLIVAN, COLIN P 7920 VILLAGE GREEN ROAD ORLANDO, FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: Colin Sullivan		Date: 1-31-08 407-864-1349			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			