

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000041282

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** AUTO MAX AUTOMOTIVE, INC.

**Current Principal Place of Business:**

6555 SO, ORANGE AVE  
ORLANDO, FL 32809

**New Principal Place of Business:**

6555 S ORANGE AVE  
ORLANDO, FL 32809

**Current Mailing Address:**

P.O. BOX 196044  
WINTER SPRINGS, FL 32719

**New Mailing Address:**

**FEI Number:** 26-4778566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHIFLETTE, KRISTINA M  
664 MURPHY ROAD  
WINTER SPRINGS, FL 32708 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: SHIFLETTE, JACK J JR.  
Address: 6555 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32809

Title: PT  
Name: SHIFLETTE, KRISTINA M  
Address: 6555 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32809

I hereby 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 all other like empowered.

SIGNATURE: KRISTINA SHIFLETTE

PT

04/17/2012

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

\_\_\_\_\_  
Date