

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000039399

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

**Entity Name:** PARADISE COASTAL AUTOMOTIVE, INC

**Current Principal Place of Business:**

2333 FOWLER STREET  
NORTH FORT MYERS, FL 33901

**New Principal Place of Business:**

2333 FOWLER STREET  
NORTH FORT MYERS, FL 33901 US

**Current Mailing Address:**

126 PONDELLA ROAD  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

4612 NW 36 STREET  
CAPE CORAL, FL 33993 US

**FEI Number:** 27-2438885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACCARI, WILLIAM  
126 PONDELLA ROAD  
NORTH FORT MYERS, FL 33903 US

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

MACCARI, WILLIAM  
4612 NW 36 STREET  
CAPE CORAL, FL 33993 US

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: WILLIAM MACCARI

01/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MACCARI, WILLIAM P  
Address: 4612 NW 36TH STREET  
City-St-Zip: CAPE CORAL, FL 33993 US

Title: VP  
Name: PARKINSON, HARRY J  
Address: 418 CALOOSA PARKWAY  
City-St-Zip: CAPE CORAL, FL 33993 US

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: WILLIAM MACCARI

PRES

01/28/2011

Electronic Signature of Signing Officer or Director

Date