## 2008 FOR PROFIT CORPORATION

## Jan 14, 2008 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P39199 01-14-2008 90108 038 \*\*\*158.75 1. Entity Name SATURN OF MOBILE, INC. Principal Place of Business Mailing Address 40003687 1431 E I-65 SERVICE RD SOUTH 1431 E I-65 SERVICE RD SOUTH MOBILE, AL 36606 MOBILE, AL 36606 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #. etc 01112008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 63-1048801 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable ANOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change ■ Addition Deleto TITLE VP TITLE BULLARD, JOEL B NAME NAME Walter A. Naman 1147 EAST I-65 SERVICE ROAD SOUTH STREET ADDRESS STREET ADDRESS 1147 E I-65 Service Rd CITY-ST-ZIF CITY-ST-ZIP MOBILE, AL 36606 Mobile AL 36606 De etc ☐ Change Addition Title Assistant VP WILLIAMS, STAN NAME Joel B. Bullard III 6300 PENSACOLA BLVD. STREET ADDRESS STREET ADDRESS 1147 E I-65 Service Rd CITY-ST-ZIE CITY-ST-ZIP PENSACOLA, FL 32505 Mobile AL 36606 ■ Addition ☐ Change Delete TITLE TITLE Assi**s**tant Secretary TUCKER, DENNIS J NAME MARKE 1147 EAST I-65 SERVICE ROAD SOUTH STREET ADDRESS Wanda J Parrish STREET ADDRESS 1147 E I-65 Service Rd Mobile AL 36606 CITY-ST-ZIP MOBILE, AL 36606 Offy-ST-7IP Defeto TITLE ☐ Change ☐ Addition THEF GALANOS, JOHN NAME NAME STREET ADDRESS 1147 EAST I-65 SERVICE ROAD SOUTH STREET ADDRESS CITY-ST-ZIP MOBILE, AL 36606 CITY-ST-ZiP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME MAME

12. Thereby certify that the information supplied with this filling does not quality 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 reserver 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.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ACCRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Stan Williams

1-11-08

Date Caylinia Phoce #

FILED