2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apil # clc. Suito Apil # clc | DOCU 1. Entity Nam AUTO TO | | 39340 · | | | | | | 4, 200' cretary | | | |
|--|--|---|---|---|---------------------------------------|------------------------------|--|------------------------------|--------------------|--------------|-------------------|--|
| Suito, Apil e, otc. City & State City & State City & State City & State Country Zip Country Zip Country Signature 6. Name and Address of Current Registered Agent City City City City City City City City | 4006 N FLORIDA AVE 320 H TAMPA FL 33603 BRIST | | | | 20 HOWELL ST | | | | | | | |
| City & State Country S. Contributed of Status Desired State Properties For Properties | 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | | | | | | |
| Zip Country Zip Country 5. Corribodio of Status Desired D | | | | | | | | | | | | |
| S. Common and Address of Current Registered Again C. T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City City FL Zip.Codo City FL Zip.Codo City FL Zip.Codo City FL Zip.Codo F | | | | | | | 4. FEI Numb | ° 23-2464720 | | Not | Applicable | |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 8. The above named criffy submits this statement for the purpose of changing its registered agent, or both in the State of Florida. I am familier with, and acceptable to project or registered agent, or both in the State of Florida. I am familier with, and acceptable registered agent are required agent and required agent act flor appropriate to the purpose of changing its registered agent, or both in the State of Florida. I am familier with, and acceptable registered agent act flor appropriate acceptable. FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INT NAM WILLIAMS, VAUGHIN WILLIAMS, VAUGHIN | Zip | | | | | | Fee Required | | | | | |
| 1200 SOUTH PINE ISLAND ROAD Sirpol Address (P.O. Box Number is Not Accordable) FL Zip Code FL Zip | | | | Registered Agent | | Name | 7. Name and | Address of New R | egistered Age | nt | | |
| SIGNATURE Signature Signa | 120 | 0 SOUTH PINE | ISLAND RO | AD | | Stroot Address | Stroet Address (P.O. Box Number is Not Acceptable) | | | | | |
| SIGNATURE STATUME STATUME | | | | | | City | | | FL | Zip Code | | |
| SQUILLANDINSS CITY-ST-7IP | 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 | | | | | | | | | | | |
| ### After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| UILI | After | May 1, 2007 Fee \ | Will Be \$550.00 | | | | | | | | , | |
| NAME STREET ADDRESS CITY-S1-7/P CITY ST-7/P CITY | 10. | | OFFICERS AND | DIRECTORS | 1 | 1 | ADDITIONS | /CHANGES TO OFF | ICERS AND DIF | RECTORS | IN 11 | |
| NAME STREET ADDRESS CHY-SI-ZIP CHANGE CHY-SI-ZIP CHY-SI- | NAME STREET ADDRESS | WILLIAMS, VAUG 760 PULINSKI RD | | □ o ₄ | N. | AMF. IRELLADDRESS | | 000000 -7 <i>0</i> /08\20 | 763696 - | - | Addition | |
| THE | NAME. STREET ADDRESS | WILLIAMS, VAUG 760 PULINSKI RD | • | □ o | N. 5/ | AMI IREL! ADORESS | | | | Change | Addition | |
| Delete | NAME STREET ADDRESS | | | ⊡ -ba | . N | AME IRECT ADDRESS | | | - 0 | Change | ☐ AGanton | |
| THE | NAME STRIET ADDRESS | | | □ De | elele III Na Si | AME : : | | | | Change | ☐ Addition | |
| NAME STREET ADDRESS CITY-SI-ZIP NAME CITY-SI-ZIP | THE NAME STREET ADDRESS T | | | ☐ Da | elete II N | TITE AMT IRLET ADDIKSS | | | Ö | Change | Addition | |
| 12. I peoply certify that the information supplied with the filtre does not qualify for the exemptions contained in Section 119. Florida Statutes further certify that the information | NAME STREET ADDRESS | | | □ Da | N. S | AME IREET ADORESS | | | | Change | Addition Addition | |
| indicated on this report or supplemental roport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or direct 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 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: | indicated of the cor if change | on this report or sup- poration or the received, or on an attachmo | ptemental roport i vor or trustee em | s true and accurate a powered to execute | and that my sigt this report as re | natura chall hava tha | same legal offor | et as it made under (| nain inai Lama | an officer (| or airector - I | |

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