FILED Jan 26, 2007 8:00 am Secretary of State

2007	TUK PKUTII CUKPUKATIU	N
	ANNUAL REPORT	

DOCUMENT # P9400005745 1. Entity Name SANDY SANSING NISSAN HOLDING, INC.							01-26-2007 9	90033 013	3 ***150	0.00
Principal Place of Business 6200 PENSACOLA BOULEVARD PENSACOLA, FL 32505			Mailing Address 6200 PENSACOLA BOULEVARD PENSACOLA, FL 32505) Els 8(4)) 88)// 84(4) 84(4)	*****		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172007	Chg-P	CR2E034	1 (12/06)			
City & State		City & State			4. FEI Number 59-3228641				plied For t Applicable	
Zip	Zip Country		Zip	Country		5. Certificate	of Status Desired		8.75 Add	
	6. Name	and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent Name					
SANSING, ROBERT C 6200 PENSACOLA BOULEVARD PENSACOLA, FL 32505				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	э	
The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.						red agent, or bo	th, in the State of Flor		miliar with,	and accept
SIGNATURE		<u> </u>						· ·		
	Signature, typed	or printed name of registered agent a	nd title it applicable (NOTI	E: Flegistere	d Agent signature required	d when reinstating)		DATE		
		FEE IS \$150.00 7 Fee will be \$550.0	9. Election Campai Trust Fund Cont			.00 May Be led to Fees				
10.	I	OFFICERS AND E		11.		ADDITIONS/	CHANGES TO OFFI	CERS AND D	IRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	S, ROBERT C ISACOLA BOULEVARD OLA, FL	☐ Delete					[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		I, MICHAEL NBURGH DR . 32571	☐ Delete		•			[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1	l l			[Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		Į.				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					[_ Change	Addition
indicated of the cor	on this repor poration or th	rt or supplemental report is ne receiver or trustee empo	this filing does not qualify fo true and accurate and that n wered to execute this report rith all other like empowered.	ny signa as requi	ture shall have the ired by Chapter 607	same legal effec 7, Florida Statute	t as if made under o	ath; that I am appears in (an officer	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR