

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000006787

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: CONTINENTAL AUTO/TRUCK SERVICE CENTER, INC.

## Current Principal Place of Business:

985 WEST STATE RD 206  
ST AUGUSTINE, FL 32086

## New Principal Place of Business:

985 STATE RD 206 W  
ST AUGUSTINE, FL 32086

## Current Mailing Address:

985 WEST SR 206  
ST. AUGUSTINE, FL 32086 US

## New Mailing Address:

985 SR 206 WEST  
ST. AUGUSTINE, FL 32086 US

FEI Number: 59-3225233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIANNINI, LEOPOLDO  
985 WEST STATE RD 206  
ST AUGUSTINE, FL 32086 US

## Name and Address of New Registered Agent:

GIANNINI, LEOPOLDO  
985 STATE RD 206 W  
ST AUGUSTINE, FL 32086 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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: GIANNINI, LEOPOLDO  
Address: 35 SANDPIPER BLVD  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP ( ) Delete  
Name: GIANNINI, ELVIRA  
Address: 35 SANDPIPER BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S ( ) Delete  
Name: GIANNINI, STEVEN L  
Address: 36 FOLCROFT LN  
City-St-Zip: PALM COAST, FL 32137

Title: T ( ) Delete  
Name: GIANNINI, LEO D  
Address: 18 MAGNOLIA DUNES CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEOPOLDO GIANNINI

PSD

03/24/2009

Electronic Signature of Signing Officer or Director

Date