## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P94000027254

Entity Name:

ROPP'S AUTOMOTIVE ELECTRIC, INC.



## FILED Jan 31, 2008 08:00 AN Secretary of State

			91.52				
Principal Place of Business 311 N DIXIE FREEWAY NEW SMYRNA BEACH FL 32168		Mailing Address 311 N DIXIE FREEWAY NEW SMYRNA BEACH FL 32168					
2. Principal f	Place of Business - No P.O. Box #	3. Mailing Address		-	ilwet fre 1844 bildii Bâth saith muin muin i	011 10010 H401 0120	<b>                                    </b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)			
City & State		City & State		4. FEI Numb	50_2226007		Applied For Not Applicable
Zip	Country	Z:p	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curre	ent Registered Agent			7. Name and Address of New Registered Agent		
311	PP, KENNETH J N DIXIE FREEWAY W SMYRNA BEACH FL 32	168	Name Street Addres	is (P.O. Box Numb	er is Not Acceptable)		
			City		F	Zip Co	ode
	e named entity submits this statemen tions of registered agent.	t for the purpose of changing i	its registered office or regis	stered agent, or bo	th, in the State of Florida. Ta	m familiar wit	h, and accept
SIGNATURE	Signature, typed or primed name of may literate as	entannista hanpkassa **** (Ko	CTE: Registered Agont eighature requ	irga when reinstating)	DATI	ξ.	
- After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550 k Payable to Florida Department	00167166			Election Campaign Fina     Trust Fund Centribution.		5.00 May Be idded to Fees
10.	OFFICERS AN	ND DIRECTORS	11,	ADDITIONS	/CHANGES.TO OFFICERS A	ND DIRECTO	RS IN 11
tifle Name Street address	PSTD ROPP, KENNETH J 311 N DIXIE FREEWYA	Derete	TITLE NAME STREET ADDRESS			Change	e Addition
CITY-ST-ZIP	NEW SMYRNA BEACH FL		CITY-ST-ZIP			□ (t	
TITLE NAME STREET ADDRESS CITY-ST-712		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Unnnnn905542	☐ Changi	e 🗌 Addition
TITLE NAME		☐ Derete	TITLE MAME		02/06/08-80006-		e. ∏∭⊟ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	-		×	
Tifle Name Street address Gity-St-Zip		☐ Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-SI-ZIP			☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS	, A	☐ De <sup>l</sup> ete	TITLE NAME STREET ADDRESS			☐ Chang	e 🔲 Addition

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 receiver or distinct empowered to execute this report is equired 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

1-29-08

386-427-3762

Dayting Phone