

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000028128

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: A-1 FAMILY AUTO SALES, INC.

## Current Principal Place of Business:

1460 B N US 1  
ORMOND BEACH, FL 32174 US

## New Principal Place of Business:

## Current Mailing Address:

609 OLD FORT RD  
FAIRVIEW, NC 28730 US

## New Mailing Address:

FEI Number: 59-3233894      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CANALES, ED  
1460 B N US1  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RICE, DANIEL L  
Address: 609 OLD FORT ROAD  
City-St-Zip: FAIRVIEW, NC 28730

Title: VP ( ) Delete  
Name: RICE, DANIEL L  
Address: 609 OLD FORT ROAD  
City-St-Zip: FAIRVIEW, NC 28730

Title: SEC ( ) Delete  
Name: RICE, DANIEL L  
Address: 609 OLD FORT ROAD  
City-St-Zip: FAIRVIEW, NC 28730

Title: TREA ( ) Delete  
Name: RICE, DANIEL L  
Address: 609 OLD FORT ROAD  
City-St-Zip: FAIRVIEW, NC 28730

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: RICE, CONNIE L  
Address: 609 OLD FORT ROAD  
City-St-Zip: FAIRVIEW, NC 28730

Title: VP (X) Change ( ) Addition  
Name: RICE, CONNIE L  
Address: 609 OLD FORT ROAD  
City-St-Zip: FAIRVIEW, NC 28730

Title: SEC (X) Change ( ) Addition  
Name: RICE, CONNIE L  
Address: 609 OLD FORT ROAD  
City-St-Zip: FAIRVIEW, NC 28730

Title: TREA (X) Change ( ) Addition  
Name: RICE, CONNIE L  
Address: 609 OLD FORT ROAD  
City-St-Zip: FAIRVIEW, NC 28730

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: CONNIE RICE

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date