

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000049097

FILED  
Apr 26, 2011  
Secretary of State

Entity Name: AUTO CORRAL INC.

**Current Principal Place of Business:**

10706 COUNTY LINE RD  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

15995 OAKCREST CIR  
BROOKSVILLE, FL 34604

**New Mailing Address:**

FEI Number: 59-3253007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SEDICINO, PATRICIA A  
15995 OAKCREST CIR  
BROOKSVILLE, FL 34604 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SEDICINO, PATRICIA A  
Address: 15995 OAKCREST CIR  
City-St-Zip: BROOKSVILLE, FL 34604

Title: DIR  
Name: SEDICINO, PATRICIA A  
Address: 15995 OAKCREST CIR  
City-St-Zip: BROOKSVILLE, FL 34604

Title: V-P  
Name: SEDICINO, PATRICIA A  
Address: 15995 OAKCREST CIR  
City-St-Zip: BROOKSVILLE, FL 34604

Title: SEC  
Name: SEDICINO, PATRICIA A  
Address: 15995 OAKCREST CIR  
City-St-Zip: BROOKSVILLE, FL 34604

Title: TRES  
Name: SEDICINO, PATRICIA A  
Address: 15995 OAKCREST CIR  
City-St-Zip: BROOKSVILLE, FL 34604

Title: MS  
Name: SEDICINO, PATRICIA A  
Address: 15995 OAKCREST CIR  
City-St-Zip: BROOKSVILLE, FL 34604

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA A SEDICINO

PRES

04/26/2011

Electronic Signature of Signing Officer or Director

Date