

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jul 19, 2007 08:00 AM

Secretary of State

Dept. of STATE

DOCUMENT # P94000061586

1. Entity Name

PREFERRED AUTO SALES, INC.



Principal Place of Business

**3134 PALM BEACH BLVD.
FT. MYERS, FL 33916**

Mailing Address

**3134 PALM BEACH BLVD.
FT. MYERS, FL 33916**



07132007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0511910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VASS, KENNETH D
3134 PALM BEACH BLVD.
FT. MYERS, FL 33916**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	VASS, KEN
STREET ADDRESS	3134 PALM BEACH BLVD.
CITY-ST-ZIP	FT. MYERS, FL 33916
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000769478
07/19/07-80002-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-2007
Date

239-334-0277
Daytime Phone #