

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000018971

1. Entity Name
AUTOMOTIVE ASSOCIATES OF TALLAHASSEE, INC.



Principal Place of Business
4803 SEATON CT
TALLAHASSEE, FL 32309

Mailing Address
7021 SPENCER DR
TALLAHASSEE, FL 32312

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3317167

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIPTON, RONALD
7021 SPENCER DRIVE
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

T
NAME PEART, GREG H ☐ Delete
STREET ADDRESS 248 CREPE MYRTLE LN
CITY-ST-ZIP CAIRO, GA 31728

S
NAME CARROLL, MARSHALL ☐ Delete
STREET ADDRESS ROUTE 16 BOX 9022
CITY-ST-ZIP TALLAHASSEE, FL 32310

P
NAME LIPTON, RONALD ☐ Delete
STREET ADDRESS 7021 SPENCER DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32312

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400101234834
05/02/07--01051--029 **150.00

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07

Date

Daytime Phone #

APPROVED
AND
FILED

07 APR 25 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PSK