

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000077837

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ADVANCED AUTO WORKS, INC.

## Current Principal Place of Business:

5300 ASHTON COURT  
SARASOTA, FL 34233

## New Principal Place of Business:

## Current Mailing Address:

5300 ASHTON COURT  
SARASOTA, FL 34233

## New Mailing Address:

FEI Number: 65-0622290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENNETT, DONALD  
1800 2ND STREET  
#735  
SARASOTA, FL 34236 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: DPT ( ) Delete  
Name: WINSTEAD, JAMES C  
Address: 3301 65TH STREET W  
City-St-Zip: BRADENTON, FL 34209

Title: DVS ( ) Delete  
Name: WINSTEAD, VIVIAN  
Address: 3301 65TH STREET W  
City-St-Zip: BRADENTON, FL 34209

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: VIVIAN WINSTEAD

DVS

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date