

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000000512

1. Entity Name
AUTO FINANCING OF S.W. FL., INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 26 PM 12:36

Principal Place of Business
3945 PALM BEACH BLVD.
FORT MYERS, FL 33916

Mailing Address
3345 FOWLER ST
FORT MYERS, FL 33901



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

11142007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0643064

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLANTZ, OWEN
3945 PALM BEACH BLVD.
FORT MYERS, FL 33916

7. Name and Address of New Registered Agent

Name Wayne Phillips

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

9851 Merle Dr.

City N.Ft. Myers

FL

Zip Code 33917

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

11-20-07

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GLANTZ, OWEN
STREET ADDRESS 3945 PALM BEACH BLVD.
CITY-ST-ZIP FORT MYERS, FL 33916



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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CITY-ST-ZIP



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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

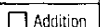
B 11/28/07

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D- President
NAME Wayne Phillips
STREET ADDRESS 3945 Palm Beach Blvd.
CITY-ST-ZIP Ft. Myers, FL 33916



Change

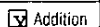


Addition

TITLE D- Vice President
NAME Dawn Phillips
STREET ADDRESS 3945 Palm Beach Blvd.
CITY-ST-ZIP Ft. Myers, FL 33916



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change

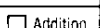


Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change

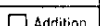


Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change

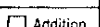


Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-07 2396944222

Date

Daytime Phone #