

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90063 019 ***158.75

40018061



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0650486	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # P96000013585

1. Entity Name
AUTO SUPPLY OF OKEECHOBEE, INC.



Principal Place of Business 409 N. PARROTT AVE OKEECHOBEE, FL 34972	Mailing Address 745 SE MONTEREY RD STUART, FL 34994
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SLOAT, A. WAYNE
745 SE MONTEREY RD.
STUART, FL 34994

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SLOAT, A. WAYNE 745 SE MONTEREY RD STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SLOAT, GARY 745 SE MONTEREY RD STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SMITH, KEVIN 745 SE MONTEREY RD. STUART, FL <i>DELETE</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ADAMO, TONY 745 SE MONTEREY RD STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 an other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/08 772-287-0456
Date Daytime Phone #