

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # P96000021404

**1. Entity Name
AUTO MAXX OF PENSACOLA, INC.**



Principal Place of Business

**801 NEW WARRINGTON ROAD
PENSACOLA, FL 32506**

Mailing Address

**801 NEW WARRINGTON ROAD
PENSACOLA, FL 32506**



03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEJ Number
58-2233264**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**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 rechartering)

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

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
**PSTD
SWANSON, KAITY K
801 NEW WARRINGTON RD
PENSACOLA, FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
**D
SWANSON, CARL D JR.
801 NEW WARRINGTON ROAD
PENSACOLA, FL 32506**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**1000000663740
03/27/07-80084-001 150.00**

**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:

Kelly Swanson Kelly Swanson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07

Date

(850) 457-2090

Daytime Phone #