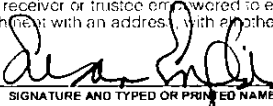


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90061 001 ***150.00

DOCUMENT # P96000026262 1. Entity Name BASELINE AUTO SALES, INC.					
Principal Place of Business 2501 SE 58 AVE. OCALA, FL 34471 US			Mailing Address 2501 SE 58 AVE. OCALA, FL 34471 US		
2. Principal Place of Business - No P.O. Box # 2501 SE 58 Ave.		3. Mailing Address 2501 SE 58 Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ocala, FL		City & State Ocala, FL		4. FEI Number 59-3370687	
Zip 34480		Country Marion		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HADALA, JEFFREY M 5115 SE 20 ST OCALA, FL 34471			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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P HADALA, JEFFREY M 5115 SE 20 ST OCALA, FL 34471	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V ENGLISH, SUSAN H 17690 NE 16 TERR. CITRA, FL 32113	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Pres, Sec, Dir. Hadala, Jeffrey M. 5115 SE 20 St, Ocala, FL 34480	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vice-Pres, Asst Sec. English, Susan H. 17690 NE 16 Terr. Citra, FL 32113	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-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 another like empowered.					
SIGNATURE:  Susan English 4-8-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					