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	Mailing Address
2501 SE 58 AVE. OCALA, FL 34471 US	2501 SE 58 AVE. OCALA, FL 34471 US

03102008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2501 SE 58 Ave.		2501 SE 58 Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ocala, FL		City & State: Ocala, FL	
Zip: 34480	Country: Marion	Zip: 34480	Country: Marion

4. FEI Number: 59-3370687 ☐ 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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-ST-ZIP	P HADALA, JEFFREY M 5115 SE 20 ST OCALA, FL 34471	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres, Sec, Dir. Hadala, Jeffrey M. 5115 SE 20 St, Ocala, FL 34480	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ENGLISH, SUSAN H 17690 NE 16 TERR. CITRA, FL 32113	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Pres, Asst Sec. English, Susan H. 17690 NE 16 Terr. Citra, FL 32113	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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] Susan English 4-8-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #