2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000054500

Enitty Name
 ROBERT RAJEWSKI AUTO SALES, INC.



US

Jan 07, 2008 08:00 Al Secretary of State

FILED

Principal Place of Business

Mailing Address

6190 54 AVE NO.

6190 54 AVE NO.

KENNETH CITY, FL 33709 U

KENNETH CITY, FL 33709



DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number Appli

59-3384556

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAJEWSKI, ROBERT 6190 54 AVE NO. KENNETH CITY, FL 33709

SIGNATURE.

10.

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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. Tam familiar with, and accept the obligations of registered agent.

Signature, typed or prinled hains of registered agent and life if applicable

(NOTF, Registered Agent signature required when reinstating)

HATE

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

01/07/08-30022-018 150.00

TITLE RAJEWSKI, ROBERT NAME 6190 54 AVE NO. STREET ADDRESS City+St-ZIP KENNETH CITY, FL 33709 THE NAME STREET AUDRESS CHY-ST-ZIP NAME STREET ADDRESS CHY-ST-ZIP MALKE STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS C11Y - S1 - ZIP NAME

OFFICERS AND DIRECTORS

DO NOT WRITE IN THIS SPACE

12. Thereby 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 leport 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 trusteed impowered 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, why all other like empowered.

SIGNATURE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-2000

Oute Du, time Plr

727-5442056