

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000058575

Entity Name: AUTOMAX OCALA, INC.

FILED  
Mar 25, 2009  
Secretary of State

## Current Principal Place of Business:

1918 SW 17TH STREET  
OCALA, FL 34474

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 3808  
OCALA, FL 34478

## New Mailing Address:

FEI Number: 59-3432726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLTON, LINDA L  
1918 SW 17TH STREET  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: PEARSON, FRANK A  
Address: 842 DOVER BLUFF PLACE  
City-St-Zip: MANAKIN-SABOT, VA 23103

Title: VP ( ) Delete  
Name: HOLIAN, BERNARD B  
Address: 3576 SW SHOREWOOD DR  
City-St-Zip: DUNNELLON, FL 34431

Title: VP ( ) Delete  
Name: HALE, BRUCE W  
Address: 15418 HOURLMASTER TERR  
City-St-Zip: MIDLOTHIAN, VA 23112

Title: S ( ) Delete  
Name: WOOTEN, DONNA L  
Address: 603 SCOTTER HILLS PLACE  
City-St-Zip: MIDLOTHIAN, VA 23114

Title: CD ( ) Delete  
Name: PEARSON, MAX H  
Address: 5080 N OCEAN DR #14A  
City-St-Zip: SINGER ISLAND, FL 33404

Title: VP ( ) Delete  
Name: PEARSON, PATRICIA M  
Address: 13510 STONEGATE RD  
City-St-Zip: MIDLOTHIAN, VA 23113

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD B HOLIAN

VP

03/25/2009

Electronic Signature of Signing Officer or Director

Date