2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90201 019 ***150.00

| 1. Entity Nam | MENT #P9600007 ST AUTO SALES, INC. | 0325 | | | | | | | |
|--|--|--|--|--|---|-------------------|--------|----------------------------|-------------------------------------|
| Principal Place of Business | | Mailing Address | | · | 000 | 35058 | | | |
| 8103 N. ARMENIA AVE. | | 8103 N. ARMENIA AVE. | | | 600 | 10000 | | | |
| TAMPA, FL 33604 US | | TAMPA, FL 33604 US | | | | | | | |
| | | | | | | | | | |
| 2. Principal P | face of Business - No P.O. Box # | 3. Mailing Address | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 02262008 | Chg-P | CR2E03 | 34 (12/06) | |
| City & State | e " | City & State | _ | | 4. FEI Number | , | - | Ap | plied For |
| | · | | | · | 59-3397 | | | No | t Applicable |
| Zip | Country | Zip | Coun | ntry | 5. Certificate o | of Status Desired | | \$8.75 Add | |
| | 6. Name and Address of Currer | nt Registered Agent | | | 7. Name and | Address of New I | | | |
| SHAW DI | I M | | | Name STI | EPHEN C. D | ICKERSON | | | |
| SHAW, BILL M 550 N. REO STREET | | Street Add | | Street Addres | S. (P.O. Box Number is Not Acceptable) N. ARMENTA AVE. | | | | |
| SUITE 300 |) L 33609-1013 | | | 0103 | N. AKMENI | A AVE. | | | |
| · / ••••• • • • • • • • • • • • • • • • | E 50000 1010 | | | City | | | | Zip Cod | e |
| | | , , , , , , , , , , , , , , , , , , , | | | MPA | · | FL | Zip Con | |
| | named entity submits this statement tions of registered agent. Signature, typed or pinkled name of registered age | | | ed Agent signature requ | | (| DATE | | |
| the obligate SIGNATURE. | lions of registered agent. | ent and tille if applicable. 9. Election Ca | (NOTE: Registere | ed Agent signature requirements | | (| DATE | | |
| SIGNATURE_ FIL After M: | Signature, typed or printed name of registered age E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550 OFFICERS AN | 9. Election Ca Trust Fund | (NOTE: Registere mpaign Final Contribution. | ed Agent signature required incling # | \$5.00 May Be Added to Fees | CHANGES TO OF | | | |
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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.