

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000072578**

1. Entity Name  
FORT WALTON BEACH AUTO BROKERS, INC.



Principal Place of Business  
1697 HWY 98 WEST  
MARY ESTHER, FL 32569

Mailing Address  
1697 HWY 98 WEST  
MARY ESTHER, FL 32569



02142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3548015

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

FENSTEMACHER, KEITH A  
1900 RUE LA FONTAINE  
NAVARRE, FL 32566

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

000000839255  
03/06/08-80001-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME FENSTEMACHER, KEITH A  
STREET ADDRESS 1900 RUE LA FONTAINE  
CITY-ST-ZIP NAVARRE, FL 32566

TITLE TS  
NAME ZELLER-FENSTEMACHER, SANDY  
STREET ADDRESS 1900 RUE LA FONTAINE  
CITY-ST-ZIP NAVARRE, FL 32566

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-08

Date

85-05810893

Daytime Phone #