


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90042 035 ***150.00

DOCUMENT # P96000080876	
1. Entity Name SANTA FE AUTO SUPPLIES OF NORTH FLORIDA, INC.	

Principal Place of Business 416 S.W. 80TH BLVD. GAINESVILLE FL 32607	Mailing Address 5745 SW 75TH ST GAINESVILLE FL 32608
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 5745 SW 75th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 315
City & State	City & State Gainesville FL
Zip	Country 32608 USA

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3403733		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KINSELL, S. MLIES 224 S.W. 2ND AVE. SUITE 1101 GAINESVILLE FL 32601		7. Name and Address of New Registered Agent Name S. Miles Kinsell 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 **S. Miles Kinsell** (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KINSELL, STEVEN C 416 S.W. 80TH BLVD. GAINESVILLE FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Steven C. Kinsell** **Steven C. Kinsell Pres** 2-5-07 352 332 2316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #