


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90035 020 ***150.00

DOCUMENT # P97000002050 1. Entity Name STOLIKER AUTO BROKERS, INC.					
Principal Place of Business 1501 FRUIT COVE WOODS DR JACKSONVILLE FL 32259 US			Mailing Address 445-26 ST. RD 13 #402 JACKSONVILLE FL 32259 US		
2. Principal Place of Business - No P.O. Box # 4624 W. SENECA DR			3. Mailing Address Suite, Apt. #, etc. 		
City & State ST. JOHN'S, FL			City & State 		
Zip 32259		Country US		Zip 	
Country 		Country 		4. FEI Number 59-3421410	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STOLIKER, ROBERT 1501 FRUIT COVE WOODS DR JACKSONVILLE FL 32259			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when rechartering) Signature, typed or printed name of registered agent and title, if applicable. DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOLIKER, ROBERT 1501 FRUIT COVE WOODS DR. JACKSONVILLE FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOLIKER, PATRICIA 1501 FRUIT COVE WOODS DR. JACKSONVILLE FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Patricia Stolyer PATRICIA STOLIKER 1-30-08 904-612-0922
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #