
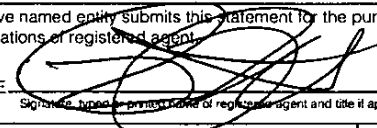
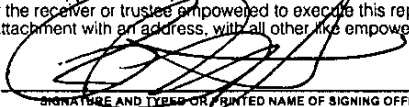


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P97000030845</b> 1. Entity Name <b>SOUTHERN TRUST AUTO SALES INC.</b>						<b>FILED</b>  <b>08 OCT -6 PM 1:08</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>14030 N CLEVELAND AVE</b> <b>N FT MYERS, FL 33903 US</b>				Mailing Address <b>14030 N CLEVELAND AVE</b> <b>N FT MYERS, FL 33903 US</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>65-0742183</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ALEXANDER, GERALD VP</b> <b>14030 N CLEVELAND AVE</b> <b>N FT MYERS, FL 33903</b>				7. Name and Address of New Registered Agent Name <b>Richard Lee Potts</b> Street Address (P.O. Box Number is Not Acceptable) <b>14030 N. Cleveland Avenue</b> City <b>North Fort Myers</b> <b>FL</b> Zip Code <b>33903</b>			
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: 				DATE: <b>Oct 3, 2008</b>			
Amended AR is <b>\$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POTTS, NICK PRES</b> <b>2109 CLUBHOUSE RD</b> <b>N FT MYERS, FL 33917</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>600136690926</b> <b>10/07/08--01016--015 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ALEXANDER, GERALD A VP</b> <b>1509 ELDORADO PKWY</b> <b>CAPE CORAL, FL 33914</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>POTTS, RICHARD L VP</b> <b>6855 MANASOTA KEY</b> <b>ENGLEWOOD, FL 34223</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P, S, T, D</b> <b>Potts, Richard L.</b> <b>14030 N. Cleveland Avenue</b> <b>N. Fort Myers, FL 33903</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>ALEXANDER, GERALD A SEC</b> <b>1509 ELDORADO PKWY</b> <b>CAPE CORAL, FL 33914</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRES</b> <b>ALEXANDER, GERALD A TRES</b> <b>1509 ELDORADO PKWY</b> <b>CAPE CORAL, FL 33914</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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"/> Delete <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 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: 				Date: <b>Oct 3, 2008</b>			