

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000045504

FILED
Aug 22, 2007
Secretary of State

Entity Name: MID-FLORIDA AUTO WHOLESALE, INC.

Current Principal Place of Business:

4135 S HWY 17-92
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

4135 S HWY 17-92
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-3454759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLACK, FRANK
4135 S HWY 17-92
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRIAN BLACK,
Address: 601 LANDINGS PL
City-St-Zip: LONGWOOD, FL 32750

Title: VP () Delete
Name: ROBERT BLACK,
Address: 1116 SEAFARER LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S/T () Delete
Name: FRANK BLACK,
Address: 7057 CARDINALWOOD CT
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRIAN BLACK,
Address: 741 CRESTBROOK LOOP
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT F BLACK

VP

08/22/2007

Electronic Signature of Signing Officer or Director

_____ Date