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Secretary of State
04-20-2005 90329 034 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000049078

1. Entity Name
A-1 AUTO SALES & SERVICE, INC.

50039684

Principal Place of Business: ~~1016 AURORA ROAD~~ ~~MELBOURNE~~ FL 32935 — 1740 W King St COCOA, FL 32926

Mailing Address: 405 COUNT STREET MELBOURNE, FL 32901

03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3456756 — Applied For / No Applicable

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

6. Name and Address of Current Registered Agent

GODT, ARMIN
405 COUNT STREET
MELBOURNE, FL 32901

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: Armin Godt — Armin GODT — 4/10/05
(Signature, typed or printed name of individual with authority to sign, and the date. Required when reinstating.)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICER AND DIRECTOR

NAME	PD
STREET ADDRESS	GODT, ARMIN
CITY-ST-ZIP	405 COUNT STREET
	MELBOURNE, FL 32901
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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: Armin Godt — Armin GODT — 4/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date