

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000057404

1. Entity Name
PREFERRED AUTOMOTIVE GROUP, INC.



Principal Place of Business
12581METRO PARKWAY
4
FORT MYERS, FL 33912

Mailing Address
1325-C DEL PRADIO BLVD.
CAPE CORAL, FL 33990

FILED
2007 SEP 17 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-6766008

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARY, DAVID W
1325-C DEL PRADIO BLVD.
CAPE CORAL, FL 33990

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FULLER, MICHAEL A
P.O. BOX 3823
REDWOOD CITY, CA 94064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARY, DAVID W
1325 DELPRADO BLVD
CAPE CORAL, FL 33990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000109523640
09/17/07--01047--012 **150.00

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IN THIS SPACE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/14/07

9/18/07