## 2006 FOR PROFIT CORPORATION

Apr 21, 2006 08:00 AM

ANNUAL REPORT				Secretary of State		
DOCUMENT # P97000084724				}	Secretar	y of State
1. Entity Name AUTOMO	STIVE SERVICES OF VOLUS		<b>{</b>	:		
		-				
Principal Plac		Mailing Address				
34 RIVER RII ORMOND BE	DGE 17(L. ACH, FL 32931	3960 S. BANANA RIVE COCOA BEACH, FL 32			: [	
				) I deminara	: 1200 1220 2250 2250 2250 2350	N HOLES BLOSS SOURCE NOOK ENVIOURS SE SOUR
				04182008	No Chg-P	R2E034 (11/05)
D	O NOT WRITE	IN THIS S	PACE	4. FEI Number		Applied For
			The second secon	59-3475		Not Applicable
	and the second of the second	Parket on the second of the se	Market Market Co.	5. Certificate o	of Status Desired [	\$8.75 Additional Fee Required
	d. Name and Address of Current Ro	iglstered Agent		er i manung menandah dan di	They was a second	
RUNYAN, GARY C 3960 S. BANANA RIVER BLVD.			***	DO	NOT WR	ITE
	EACH, FL 32931	ı	L. Programme 1.		HIS SPA	· ·
				117 1	nio ora	ÇE
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. Lam territies with, and accept						
the obligations of registered agent.						
SIGNATURE Signature, typed or philod name of registered agent and title if applicable. (NOTE Registered Agent signature required when reheating) (1007)77777 (1007)7777						
					U0000052 05/03/06-80	3792 3793-011 150.00
FILE NOWIII FEE IS \$150.00 Selection Campaign Financing S5.  After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ed to Fees		
10,	OFFICERS AND DI	RECTORS			· · · · · · · · · · · · · · · · · · ·	
TITLE NAME	DP			Ver v -	for a for the same	
STREET ADDRESS	HOUSE, JAMES R 34 RIVER RIDGE TRL.		2 See .			
City-St-Zip	ORMOND BEACH, FL 32174			N ·	•	1
title Name	DP RUNYON, GARY		1			
STREET ADDRESS CITY-ST-ZIP	3960 S BANANA RIVER BLVD COCOA BEACH, FL 32931		7 H, 144			-
TITLE	COCOA BEACH, FL 32931	<del></del>	<b></b>		Franklik Mana	
NAME STREET ADDRESS			.,			
CITY-ST-ZIP				DO	NOT WR	ITE
TITLE				IN T	HIS SPA	CE
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TITLE NAME			į į			
Sireei address City-St-DP			er e <del></del> e gege		<b>.</b> .	
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NAME STREET ADDRESS			<b>.</b>			
STREET ADDRESS ( CITY-ST-ZIP					£	
12. I hereby o	certify that the information supplied with th	is filing does not qualify to	or the exemptions contained	In Chapter 119,	Florida Statutes. I furth	er 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 is it made under out; 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 or changed, or on an attachment with an address, with all other like empowered.

4-18-06 321-784-4515 Cate Daysima Phona 8