## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

## FILED Mar 20, 2008 08:00 A Secretary of State DOCUMENT # P98000052449 1. Entity Name CENTRAL GARAGE OF VERO BEACH, INC. Principal Place of Business Mailing Address 1140 SOUTH US 1 1140 SOUTH US 1 VERO BEACH FL 32962 VERO BEACH FL 32962 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, atc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 65-0841984 Not Applicable Zıp Zip Country Country \$8.75 Additional 5: Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARCHER, JOSEPH E Street Address (P.O. Box Number is Not Acceptable) 1140 SOUTH US 1 VERO BEACH FL 32962 City Zip Code 8. The above named enjury submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. typed or mirred Hamo of roundered agent and the ill amplicable. FILE NOW!!! -FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change Addition ☐ Derete TITLE ARCHER, JOSEPH E NAME NAME U000000864534 STREET ADDRESS 101 11TH AVE. STREET ADDRESS 04/04/08-80018-024 150.00 CITY-ST-ZIP VERO BEACH FL 32962 CITY-ST-ZIP TITLE Derete □ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CHY-ST-74P TRUE Darete TRUE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nnı ☐ Deiete Title Change ■ Addition HAME NAMI STRÉET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Derete TITLE Change Addition NAM: NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

OSETH E Archel