


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90018 006 ***150.00

DOCUMENT # P99000004248
 1. Entity Name
REAL DEAL AUTO SALES, INC.



Principal Place of Business: **7851 46TH AVENUE N. ST. PETERSBURG FL 33709**
 Mailing Address: **49 A DOLPHIN DR TREASURE ISL. FL 33706**



2. Principal Place of Business - No P.C. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **59-3551464**
 Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
~~GIBELLINA, RON~~
~~6363 18T AVE NORTH~~
~~SAINT PETERSBURG FL 33710~~

7. Name and Address of New Registered Agent
 Name: **GLEN GIBELLINA**
 Street Address (P.O. Box Number is Not Acceptable):
49 A DOLPHIN DRIVE
 City: **TREASURE ISLAND FL** Zip Code: **33706**

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: *Glen Gibellina* DATE: **2/25/08**

Signature typed or entered name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	GIBELLINA, GARY	
STREET ADDRESS	49 A DOLPHIN DRIVE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-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.

SIGNATURE: *Glen Gibellina* PRESIDENT DATE: **2/25/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-433-2045