

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 06, 2008 8:00 am
Secretary of State**

03-06-2008 90047 047 ***150.00

DOCUMENT # P99000020357		
1. Entity Name COUNTY AUTO, INC.		

Principal Place of Business 3032 LAKE WORTH ROAD LAKE WORTH, FL 33461	Mailing Address C/O BARNETT 32 CLUBHOUSE LANE BOYNTON BEACH, FL 33436
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>3032 Lake Worth Road</i>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State <i>Lake Worth Florida</i>
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Zip	Country 33461	Zip	Country <i>Palm Beach</i>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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STEMPLINGER, MATT 3032 LAKE WORTH ROAD LAKE WORTH, FL 33461		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHIAS, STEMLINGER 3032 LAKE WORTH ROAD LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEMPLINGER, MATHIAS 3032 LAKE WORTH ROAD LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mattie A. M. S.* 3/2/08 561 662 8441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #