2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 15, 2006 8:00 am Secretary of State DOCUMENT # P99000024763 03-15-2006 90091 049 ***150.00 1. Entity Name HRUBY AUTOMOTIVE INC. 40001000 Principal Place of Business Mailing Address 8238 HWY 98 NORTH 8238 HWY 98 NORTH LAKELAND, FL 33809 LAKELAND, FL 33809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02272006 Chg-P 726 HWY 98N 7726 HWY Applied For 4. FEI Number City & State City & State AKELAN KEL 59-3578888 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired <u>3</u>3809 33809 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HRUBY, PHILIP J Street Address (P.O. Box Number is Not Acceptable) 8715 BOBCAT LANE LAKELAND, FL 33810 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PVTS** TITI F TITI F ☐ Addition ☐ Defete NAME HRUBY, PHILIP J NAME 8715 BOBCAT LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33810 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME MASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition FITL F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition MILE IIII F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

PHILIP J. HRUBY, PRESIDENT

AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED