# **2007 FOR PROFIT CORPORATION**

#### ANNUAL REPORT **DOCUMENT # P99000024763** 1. Entity Name HRUBY AUTOMOTIVE INC,

Principal Place of Business

7726 HWY 98 NORTH LAKELAND, FL 33809

LAKELAND, FL 33810

Mailing Address

7726 HWY 98 NORTH LAKELAND, FL 33809

## **FILED** Mar 08, 2007 08:00 AM **Secretary of State**



CR2E034 (11/05)

### DO NOT WRITE IN THIS SPACE

4. FEI Number	 Applied For
59-3578888	 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HRUBY, PHILIP J 8715 BOBCAT LANE

## DO NOT WRITE IN THIS SPACE

No Chg-P

02202007

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 little of applicable (NOTE Registered Agent aignature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees						
10.	OFFICERS AND DIREC	CTORS		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS HRUBY, PHILIP J 8715 BOBCAT LANE LAKELAND, FL 33810	,			U00000653494 03/16/07-80032-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1 :		03/16/07-80032-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 it made under dain; that i am an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; 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.