


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000024807 1. Entity Name BARGAIN AUTO SALES OF LAKE LAND, INC.			
Principal Place of Business 204 WEST MEMORIAL BOULEVARD LAKE LAND, FL 33815		Mailing Address 204 WEST MEMORIAL BOULEVARD LAKE LAND, FL 33815	
2. Principal Place of Business - No P.O. Box # 204 W. MEMORIAL BLVD.		3. Mailing Address 204 W. MEMORIAL BLVD.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State LAKE LAND FL		City & State LAKE LAND FL	
Zip 33815-1672		Zip 33815-1672	
Country POLK		Country POLK	
4. FEI Number 59-3565350		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, LOIS 2218 CORDOVA CIR N. LAKE LAND, FL 33801		7. Name and Address of New Registered Agent Name LOIS HALL Street Address (P.O. Box Number is Not Acceptable) 2218 CORDOVA CIR. N. City LAKE LAND FL Zip Code 33801	
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 <i>Lois Hall</i> LOIS HALL SECRETARY 05/06/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P OVERSTREET, PAUL N III 204 WEST MEMORIAL BOULEVARD LAKE LAND, FL 33815	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800130931358 06/05/08--01053--007 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/S HALL, LOIS 2218 CORDOVA CIR N. LAKE LAND, FL 33801	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY HALL, LOIS 2218 CORDOVA CIR. N. LAKE LAND FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWLIN, DENYCE 204 W. MEMORIAL BLVD LAKE LAND, FL 33815	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <i>Lois Hall</i> LOIS HALL SECRETARY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 05/06/2008 Daytime Phone # (863-686-2265)	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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