## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT **FILED** May 01, 2007 08:00 AM Secretary of State **DOCUMENT # P99000026708** GRUNDY AUTO SALES, INC. Principal Place of Business Mailing Address P. O. BOX 1916 P. O. BOX 1916 BELLEVIEW, FL 34420-1916 BELLEVIEW, FL 34420-1916 02182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3564578 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRUNDY, DAVID A DO NOT WRITE 12910 SE 55TH AVE. RD. BELLEVIEW, FL 34420 IN THIS SPACE 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 Agen) signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 05/22/07-80029-011 150.00 10. OFFICERS AND DIRECTORS TITLE ח NAME GRUNDY, DAVID A STREET ADDRESS P. O. BOX 1916 BELLEVIEW, FL 344201916 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE. IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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:

NAME STREET ADDRESS CITY-ST-ZIP

MANATUREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-07

352-347-6767