2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2008 08:00 AN Secretary of State DOCUMENT # P99000052755 52 AUTOMOTIVE CENTER, INC. Principal Place of Business Mailing Address 11915 STATE ROAD 52 11915 STATE ROAD 52 HUDSON, FL 34669 HUDSON, FL 34669 DO NOT WRITE IN THIS SPACE 03222008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-3579957 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent CHERRY, ROSEMARY 6427 DRIFTWOOD DR. HUDSON, FL 34667 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 NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS DPST TITLE CHERRY, ROSEMARY NAME 6427 DRIFTWOOD DR. STREET ADDRESS CITY-ST-ZIP HUDSON, FL 34667 TITLE NAME CHERRY, RUSSELL R 6427 DRIFTWOOD DR. STREET ADDRESS HUDSON, FL 34667 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not quality 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:

STREET ADDRESS

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSEMARY CHERRY

X 4/1/08 727-919-1569

FILED