


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000053411 1. Entry Name SALAMONE AUTOMOTIVE SERVICE, INC.	
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FILED
 08 SEP 18 PM 1:20
 TALLAHASSEE, FLORIDA

Principal Place of Business 1723 N.E. 23RD TERRACE OCALA, FL 34470	Mailing Address 2708 S E 15TH STREET OCALA, FL 34471
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2. Principal Place of Business - in P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 59-3582832 Applied For <input type="checkbox"/> Not Applicable
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09162008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent SALAMONE, CHANDRA 2708 S E 15TH STREET OCALA, FL 34471	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *C. J. Salomone* DATE: Sept. 9, 2008

Signature typed or printed name of registered agent or director (if applicable) (NOTE: Registered Agent signature required when remaining.)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD SALAMONE, CHANDRA 2708 S.E. 15TH STREET OCALA, FL 34471	<input checked="" type="checkbox"/> Delete	TITLE	200136249762 09/23/08--01025--009 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Pb SALAMONE, JOHN 2708 SE 15TH ST OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<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 113, 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: *C. J. Salomone* DATE: Sept. 9, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Private &