


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000064787**

1. Entity Name  
**TEAM AUTO SALES, INC.**



Principal Place of Business      Mailing Address

1625 HIGHWAY 92 WEST      1625 HIGHWAY 92 WEST  
 AUBURNDALE, FL 33823      AUBURNDALE, FL 33823

**DO NOT WRITE IN THIS SPACE**



01092007      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

**59-3588830**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ERNST, MARLA**  
 2013 LEISURE DRIVE N.W.  
 WINTER HAVEN, FL 33881

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ERNST, TERRY L
STREET ADDRESS	2013 LEISURE DRIVE N.W.
CITY-ST-ZIP	WINTER HAVEN, FL 33801
TITLE	VTD
NAME	ERNST, MARLA J
STREET ADDRESS	2013 LEISURE DRIVE N.W.
CITY-ST-ZIP	WINTER HAVEN, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Terry L. Ernst      Date: \_\_\_\_\_      Daytime Phone #: 863-965-8078  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR