2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000080876

1. Entity Name

A-ONE SEMINOLE MOTOR CARS, INC.



Principal Place of Business

11000 70TH AVE N SEMINOLE, FL 33772 Mailing Address

11692 83 AVE N SEMINOLE, FL 33772

FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90458 018 ***150.00



01302006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3597162

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name a	ınd Addr	ess of Curre	ent Registered Agent				

DO NOT WRITE IN THIS SPACE

SHAFFER, ROBERT J 11692 83RD AVE. SEMINOLE, FL 33772

STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

				111	I HIS SPACE
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	d Agent signature	e required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAFFER, ROBERT J 11692 83RD AVE. SEMINOLE, FL 33772				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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: ROBERT T. SHAFFER, TRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-394-7422

Date