## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000080876

A-ONE SEMINOLE MOTOR CARS, INC.



**FILED** Apr 16, 2007 08:00 All Secretary of State

Principal Place of Business

11000 70TH AVE N SEMINOLE, FL 33772 Mailing Address 11692 83 AVE N SEMINOLE, FL 33772



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CR2E034 (11/05) 4. FEI Number Applied For 59-3597162 Not Applicable

5. Certificate of Status Desired

02282007

\$8.75 Additional Fee Required

SHAFFER, ROBERT J 11692 83RD AVE.

SEMINOLE, FL 33772

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP

## DO NOT WRITE

No Chg-P

|   |                    |  |      | IIN                            | I IIIS 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. + am familiar with, and accept the obligations of registered agent. |                    |  |      |                                |   |
|   |                    |  |      | required when reinstating)     | DATE                                      |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00   |                    | Election Campaign Finance Trust Fund Contribution. | cing | \$5.00 May Be<br>Added to Fees | U00000707813<br>04/24/07-80088-018 150.00 |
| 10  | OFFICERS AND DIREC | CTORS  |      | <del></del>                    |   |
| TITLE   | Р                  |  |      |                                |   |
| NAME  | SHAFFER, ROBERT J  |  |      |                                |   |
| STREET ADDRESS  | 11692 83RD AVE.    | ,  |      |                                |   |
| CITY-ST-ZIP   | SEMINOLE, FL 33772 |  |      |                                |   |
| TITLE   |                    |  |      |                                |   |
| NAME  |                    | ,  |      |                                |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |                    |  |      |                                |   |
|   |                    |  |      |                                |   |
| TITLE<br>NAME   |                    |  |      |                                | •   |
| STREET ADDRESS  |                    |  | ı    |                                |   |
| CITY-ST-ZIP   |                    |  |      | DO                             | NOT WRITE                                 |
| TITLE   |                    |  |      |                                |   |
| NAME  |                    |  |      | IN                             | THIS SPACE                                |
| 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 eport 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.

PRESIDENT

727-394-7422

Daytime Phone #