

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000081497

FILED
Feb 03, 2009
Secretary of State

Entity Name: SPINKS AUTO SALES OF OCALA, INC.

Current Principal Place of Business:

3112 N. JACKSONVILLE RD.
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

3112 N. JACKSONVILLE RD.
OCALA, FL 34479

New Mailing Address:

FEI Number: 59-3601037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPINKS, HAROLD B
3112 N. JACKSONVILLE RD.
OCALA, FL 34479 US

Name and Address of New Registered Agent:

REED, ROBERT W
3112 N. JACKSONVILLE RD.
OCALA, FL 34479 US

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.

SIGNATURE: ROBERT W. REED

02/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: SPINKS, HAROLD B
Address: 3926 NE 22ND LANE
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: SPINKS, HAROLD B
Address: 3926 NE 22ND LANE
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: REED, ROBERT
Address: 3112 N. JACKSONVILLE RD.
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: SPINKS, PATRICIA A
Address: 3926 NE 22ND LANE
City-St-Zip: OCALA, FL 34470

Title: D (X) Change () Addition
Name: SPINKS, PATRICIA A
Address: 3926 NE 22ND LANE
City-St-Zip: OCALA, FL 34470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. REED

D

02/03/2009

Electronic Signature of Signing Officer or Director

Date