2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90121 043 ***150.00

DOCUMENT # S02032

1. Entity Name
CENTRAL AUTO SALES, INC.

Principal Place of Business	Mailing Address
418 GRANT STREET PORT ORANGE, FL 32118 US	1500 BEVILLE ROAD 606-311 DAYTONA BEACH, FL 32114 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04242008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3024478 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SENKOVICH, MICHAEL 1500 BEVILLE ROAD SUITE 606-311 DAYTONA BEACH, FL 32114	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	SENKOVICH, MICHAEL	NAME	SENKOVICH, MICHAEL
STREET ADDRESS	2323 S ATLANTIC AVE	STREET ADDRESS	108 MEGANSER CIRCLE
CITY-ST-ZIP	DAYTONA BCH SHS, FL	CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	SENKOVICH, DONALD	NAME	
STREET ADDRESS	2323 S ATLANTIC AVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH SHS, FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	CORNELIUS, DAVID	NAME	DAVID CORNELIUS
STREET ADDRESS	2323 S ATLANTIC AVE	STREET ADDRESS	941 S.E. MARTIN COVE PLACE
CITY-ST-ZIP	DAYTONA BCH SHS, FL	CITY-ST-ZIP	STUART, FL 34997
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: MICHAEL SENKOVICH DIRECTOR 4-24-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #