

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S10219

Entity Name: AUTO ADD-ONS, INC.

FILED  
Apr 11, 2008  
Secretary of State

## Current Principal Place of Business:

1173 E. ALFRED ST.  
TAVARES, FL 32778 US

## New Principal Place of Business:

## Current Mailing Address:

1173 E. ALFRED ST.  
TAVARES, FL 32778 US

## New Mailing Address:

FEI Number: 59-3035089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TARA FINANCIAL SERVICES, INC.  
489 W. MINNEHAHA AVENUE  
CLERMONT, FL 34711 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, WILLIAM D.,  
Address: 1173 E. ALFRED ST.  
City-St-Zip: TAVARES, FL 32778

Title: SD ( ) Delete  
Name: SMITH, LINDA D  
Address: 40921 FLETCHER RD  
City-St-Zip: UMATILLA, FL 32784

Title: TD ( ) Delete  
Name: MYSINGER, NICOLE D  
Address: 33941 LEE AVE.  
City-St-Zip: LEESBURG, FL 34788

Title: V ( ) Delete  
Name: MYSINGER, CHRIS  
Address: 33941 LEE AVE.  
City-St-Zip: LEESBURG, FL 34788

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SMITH, LINDA D  
Address: 40921 FLETCHER RD.  
City-St-Zip: UMATILLA, FL 32784

Title: S (X) Change ( ) Addition  
Name: SMITH, LINDA D  
Address: 40921 FLETCHER RD  
City-St-Zip: UMATILLA, FL 32784

Title: T (X) Change ( ) Addition  
Name: MYSINGER, NICOLE D  
Address: 33941 LEE AVE.  
City-St-Zip: LEESBURG, FL 34788

Title: VP (X) Change ( ) Addition  
Name: MYSINGER, CHRISTOPHER R  
Address: 33941 LEE AVE.  
City-St-Zip: LEESBURG, FL 34788

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: LINDA D. SMITH

P

04/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date