2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
05 SEP 12 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S27648

1. Entity Name
AIRPORT AUTO SALES AND SERVICE, INC.

Principal Place of Business	Mailing Address
210 MAGNOLIA ST NEW SMYRNA BEACH, FL 32168 US	P.O. BOX 1201 NEW SMYRNA, FL 32170 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

09072005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3072485 ☐ 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
SMITH, JAMES W 1180 N DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168	Name: JAMES W SMITH Street Address (P.O. Box Number is Not Acceptable): 210 MAGNOLIA ST. City: NEW SMYRNA FL Zip Code: 32168

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] 9-7-05
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

Amended AR is $61.25

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 / NAME / STREET ADDRESS / CITY ST ZIP	PSTD SMITH, JAMES W. 1180 N DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V.P. SECT TREA. RICHARD CRUNKILTON 210 MAGNOLIA ST. NEW SMYRNA BCH., FL 32168 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	000059780779 09/20/05--01039--004 **70.00 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 9-6-05 386-451-4863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #