


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90304 033 \*\*\*150.00

**DOCUMENT # S70057**

1. Entity Name  
**BOB GRAHAM'S AUTO SALES, INC.**



Principal Place of Business  
**1024 S. NOVA ROAD**  
**ORMOND BEACH, FL 32174**

Mailing Address  
**1024 S. NOVA ROAD**  
**ORMOND BEACH, FL 32174**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**1573 Primrose Lane**  
 Suite, Apt. #, etc.

City & State  
**Holly Hill, FL**

Zip  
**32117**

Country  
**US**

03212006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3083801**

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

Applied For  
 Not Applicable



6. Name and Address of Current Registered Agent  
**GRAHAM, ROBERT E.**  
**1024 S. NOVA ROAD**  
**ORMOND BEACH, FL 32174**

7. Name and Address of New Registered Agent  
 Name **Graham, Robert E.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1573 Primrose Lane**  
 City **Holly Hill** **FL** Zip Code **32117**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST GRAHAM, ROBERT S. 1024 S. NOVA ROAD ORMOND BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST Graham, Robert S. 1573 Primrose Lane Holly Hill, FL 32117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Robert E. Graham* **REGD** 4-5-06 386-6762426  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #