

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S94635

FILED
Mar 21, 2009
Secretary of State

Entity Name: FLORIDA AUTO ACCESSORIES, INC,

Current Principal Place of Business:

1402 SE 22 ST
CAPE COROL, FL 33990 US

New Principal Place of Business:

1402 SE 22ND ST
CAPE CORAL, FL 33990

Current Mailing Address:

C/O JOHN M. WICKER, P. A.
P.O. DRAWER 60205
FORT MYERS, FL 33906 US

New Mailing Address:

FEI Number: 65-0296963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKER, P. A., JOHN M
12670 NEW BRITTANY BLVD.
#101
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS, FL 33907 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: JOHN M. WICKER

03/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REEVES, LYNN G.,
Address: 1402 SE 22ND ST.
City-St-Zip: CAPE CORAL, FL 33990

Title: ST () Delete
Name: REEVES, SARAH ANN,
Address: 1402 SE 22ND ST.
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: REEVES, LYNN G
Address: 1402 SE 22ND ST.
City-St-Zip: CAPE CORAL, FL 33990

Title: DST (X) Change () Addition
Name: REEVES, SARAH ANN
Address: 1402 SE 22ND ST.
City-St-Zip: CAPE CORAL, FL 33990

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: LYNN G. REEVES

DP

03/21/2009

Electronic Signature of Signing Officer or Director

Date