

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S94635

FILED  
Apr 08, 2011  
Secretary of State

**Entity Name:** FLORIDA AUTO ACCESSORIES, INC,

**Current Principal Place of Business:**

1402 SE 22ND ST  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: LYNN G. REEVES

DP

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date