

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90016 038 ***150.00

DOCUMENT # V00495 1. Entity Name ACCESSORY OVERHAUL GROUP, INC.			
Principal Place of Business 12006-B MIRAMAR PKWY MIRAMAR FL 33025 5330 S.W. 115 AVE COOPER CITY, FL 33330		Mailing Address 12006-B MIRAMAR PKWY MIRAMAR FL 33025 5330 S.W. 115 AVE COOPER CITY, FL 33330	
2. Principal Place of Business - No P.O. Box # 5330 S.W. 115 AVE		3. Mailing Address 5330 S.W. 115 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State COOPER CITY FL		City & State COOPER CITY FL	
Zip 33330		Zip 33330	
Country USA		Country USA	
4. FEI Number 65-0341998		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUALLEY, JOHN 12006-B MIRAMAR PARKWAY MIRAMAR FL 33025		7. Name and Address of New Registered Agent Name QUALLEY, JOHN Street Address (P.O. Box Number is Not Acceptable) 5330 S.W. 115 AVE City COOPER CITY FL Zip Code 33330	
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 <u><i>John Qualley Pres.</i></u> DATE <u>4/2/08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting))</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD QUALLEY, JOHN 12006-B MIRAMAR PARKWAY MIRAMAR FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUALLEY, JOHN 5330 S.W. 115 AVE COOPER CITY, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUALLEY, ANNETTE 12006-B MIRAMAR PARKWAY MIRAMAR FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS J. QUALLEY 3317 NW 64TH ST. COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John Qualley* **JOHN QUALLEY** 4/2/08 954-442-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone