2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V11446

1. Entity Name
ADA AUTO SALES, INC.

Principal Place of Business	Mailing Address
498 S. MAIN ST. CRESTVIEW, FL 32536	498 S. MAIN ST. CRESTVIEW, FL 32536

DO NOT WRITE IN THIS SPACE

04122005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3107986	Not Applicable

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

6. Name and Address of Current Registered Agent

ASH, ALFRED A
6029 DORCHESTER PL
CRESTVIEW, FL 32536

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE   4-11-05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ASH, ALFRED A
STREET ADDRESS	498 S. MAIN STREET
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	S
NAME	ASH, DONNA
STREET ADDRESS	498 S. MAIN ST
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	V
NAME	ASH, DAVID
STREET ADDRESS	498 S. MAIN ST
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	D
NAME	FORREST, DONNA A
STREET ADDRESS	4665 HARDY ADAMS RD
CITY-ST-ZIP	HOLT, FL 32564
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000307498
04/15/05-80058-004 150.00

DO NOT WRITE IN THIS SPACE

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: _____   4-11-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #