## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 01, 2008 8:00 am Secretary of State DOCUMENT #V13641 05-01-2008 90184 035 \*\*\*158.75 1. Entity Name SHAWNEE AUTO SALES, INC. Mailing Address Principal Place of Business 60035716 11852 54TH STREET N 2933 WESTGATE AVENUE ROYAL PALM BEACH, FL 33411 WEST: PALM BEACH, FL 33409 \_ US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2081 S.E. 24th BlvD 2933 Nistrate Suite, Apt. #, etc. Suite, Apt. #, etc. 03222008 CR2E034 (12/06) Chg-P Applied For 4. FEI Number City & State OKEECHOBEE 65-0320273 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Melear HOLMES, AIMEE J Street Address (P.O. Box Number is Not Acceptable) 11852 54TH STREET N WEST PALM BEACH, FL 33411 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 the obligations of registered agent. SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!!- FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change PD vice President mle ☐ Detete TITLE ■ Addition HOLMES, DONALD L NAME NAME DOWALZ L. HOLMES STREET ADDRESS STREET ADDRESS 2933 WESTGATE AVENUE MARIEHA, TEXAS 75500 CITY-ST-ZIP WEST PALM BEACH, FL 33409 CITY-ST-ZIP DISECTOR SESIGENT MLE VSTD Delete TITLE HOLMES, MILDRED M NAME NAME 9259) 2933 WESTGATE AVENUE STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33409 CITY - ST - ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TIFLE Delete ΠΠE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CRY-ST-7P ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED**