


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90045 026 ***550.00

DOCUMENT # V38472	
1. Entity Name AMERICAN ACCESSORIES OF PENSACOLA, INC.	

Principal Place of Business 7804 SEARS BLVD PENSACOLA, FL 32514	Mailing Address 7804 SEARS BLVD PENSACOLA, FL 32514
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40125775



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

07102007 Chg-P CR2E034 (12/06)

4. FEI Number 22-2805781	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent DANIEL, JOHN P. 3 WEST GARDEN STREET 7TH FLOOR PENSACOLA, FL 32501		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 fee if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D MULCAHY, MICHAEL T. 7804 SEARS BLVD PENSACOLA, FL 32514 <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	D MULCAHY, SANDRA L. 7804 SEARS BLVD PENSACOLA, FL 32514 <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 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.

SIGNATURE: *Michael T. Mulcahy* 7-17-07 850 477 4804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #