DOCUMENT	# J90263			20, 2025
Entity Name	: AUTOBUILDERS GENERAL CONTRACTI	NG SERVICES,		ry of State 60242CC
Current Prir	ncipal Place of Business:		50502	0024200
5715 CORPOR				
WEST PALM BI	EACH, FL 33407			
Current Mai	ling Address:			
	ORATE WAY 1 BEACH, FL 33407 US			
FEI Number: 59-2841086			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
RAWE, ROBER				
5715 CORPOR WEST PALM BI	EACH, FL 33407 US			
- , ,				
	d entity submits this statement for the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of	
	E ROBERT W. RAWE II	gistered office or regis	tered agent, or both, in the State of	03/28/2025
SIGNATURE	E: ROBERT W. RAWE II Electronic Signature of Registered Agent	gistered office or regis	tered agent, or both, in the State of	
SIGNATURE	E: ROBERT W. RAWE II Electronic Signature of Registered Agent			03/28/2025
SIGNATURE Officer/Direc Title	E: ROBERT W. RAWE II Electronic Signature of Registered Agent Ctor Detail : PD	Title	S	03/28/2025
SIGNATURE Officer/Direc Title Name	E: ROBERT W. RAWE II Electronic Signature of Registered Agent Ctor Detail : PD RAWE, ROBERT WII	Title Name	S RAWE, LISA M	03/28/2025
SIGNATURE Officer/Direc Title	E: ROBERT W. RAWE II Electronic Signature of Registered Agent Ctor Detail : PD	Title Name Address	S RAWE, LISA M 811 SE RIVERSIDE DR	03/28/2025
SIGNATURE Officer/Direc Title Name	E: ROBERT W. RAWE II Electronic Signature of Registered Agent Ctor Detail : PD RAWE, ROBERT WII 811 SE RIVERSIDE DR	Title Name	S RAWE, LISA M 811 SE RIVERSIDE DR	03/28/2025
SIGNATURE Officer/Direc Title Name Address	E: ROBERT W. RAWE II Electronic Signature of Registered Agent Ctor Detail : PD RAWE, ROBERT WII 811 SE RIVERSIDE DR	Title Name Address	S RAWE, LISA M 811 SE RIVERSIDE DR	03/28/2025
SIGNATURE Officer/Direc Title Name Address City-State-Zip:	E: ROBERT W. RAWE II Electronic Signature of Registered Agent Ctor Detail : PD RAWE, ROBERT WII 811 SE RIVERSIDE DR STUART FL 34994	Title Name Address City-State-Zip:	S RAWE, LISA M 811 SE RIVERSIDE DR STUART FL 34994	03/28/2025
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title	E: ROBERT W. RAWE II Electronic Signature of Registered Agent Ctor Detail : PD RAWE, ROBERT WII 811 SE RIVERSIDE DR STUART FL 34994 T, VP	Title Name Address City-State-Zip: Title	S RAWE, LISA M 811 SE RIVERSIDE DR STUART FL 34994 VP	03/28/2025
SIGNATURE Officer/Direct Title Name Address City-State-Zip: Title Name	E: ROBERT W. RAWE II Electronic Signature of Registered Agent Ctor Detail : PD RAWE, ROBERT WII 811 SE RIVERSIDE DR STUART FL 34994 T, VP GRANLUND, MICHELLE S 5715 CORPORATE WAY	Title Name Address City-State-Zip: Title Name	S RAWE, LISA M 811 SE RIVERSIDE DR STUART FL 34994 VP HORTA, RAMON 15 STEEPLETON CT	03/28/2025 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name Address	E: ROBERT W. RAWE II Electronic Signature of Registered Agent Ctor Detail : PD RAWE, ROBERT WII 811 SE RIVERSIDE DR STUART FL 34994 T, VP GRANLUND, MICHELLE S 5715 CORPORATE WAY	Title Name Address City-State-Zip: Title Name Address	S RAWE, LISA M 811 SE RIVERSIDE DR STUART FL 34994 VP HORTA, RAMON 15 STEEPLETON CT	03/28/2025 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name Address City-State-Zip:	E: ROBERT W. RAWE II Electronic Signature of Registered Agent Ctor Detail : PD RAWE, ROBERT WII 811 SE RIVERSIDE DR STUART FL 34994 T, VP GRANLUND, MICHELLE S 5715 CORPORATE WAY WEST PALM BEACH FL 33407	Title Name Address City-State-Zip: Title Name Address	S RAWE, LISA M 811 SE RIVERSIDE DR STUART FL 34994 VP HORTA, RAMON 15 STEEPLETON CT	03/28/2025 Date

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: ROBERT W. RAWE II

City-State-Zip: HUTCHINSON ISLAND FL 34949

Electronic Signature of Signing Officer/Director Detail

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J90263

PRESIDENT

03/28/2025 Date

FILED Mar 28, 2025