

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000101076

**Entity Name:** S4 AUTOMOTIVE INC.

**Current Principal Place of Business:**

1845 UNIVERSITY PKWY  
SARASOTA, FL 34243

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC7937103779**

**Current Mailing Address:**

1845 UNIVERSITY PKWY  
SARASOTA, FL 34243 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEASECORP INC  
5811 DRIFTWOOD AVE  
SARASOTA, FL 34231 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name LEASECORP INC  
Address 5811 DRIFTWOOD AVE  
City-State-Zip: SARASOTA FL 34231

Title SECRETARY  
Name GIBBS, ERIC D  
Address 1845 UNIVERSITY PKWY  
City-State-Zip: SARASOTA FL 34243

Title TREASURER  
Name HOVERSON, BRIAN D  
Address 1845 UNIVERSITY PKWY  
City-State-Zip: SARASOTA FL 34243

Title ASST. SECRETARY  
Name ROJAS, LEONIDAS  
Address 1845 UNIVERSITY PKWY  
City-State-Zip: SARASOTA FL 34243

Title ASST. TREASURER  
Name MCINTYRE, JOSEPH R  
Address 1845 UNIVERSITY PKWY  
City-State-Zip: SARASOTA FL 34243

Title CHAIRMAN  
Name STRAUGHN, JAMES A  
Address 1845 UNIVERSITY PKWY  
City-State-Zip: SARASOTA FL 34243

Title VC  
Name ROJAS, JOSE  
Address 1845 UNIVERSITY PKWY  
City-State-Zip: SARASOTA FL 34243

Title CO-TRUSTEE  
Name PEREZ, ANTONIO  
Address 1845 UNIVERSITY PKWY  
City-State-Zip: SARASOTA FL 34243

**Continues on page 2**

*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:** LEASECORP

P

04/22/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name VERVILLE, RYAN

Address 1845 UNIVERSITY PKWY

City-State-Zip: SARASOTA FL 34243