

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000046451

**Entity Name:** LASH AUTO SALES, INC.

**Current Principal Place of Business:**

4520 S FLORIDA AVE.  
LAKELAND, FL 33813

**Current Mailing Address:**

4520 S FLORIDA AVE.  
LAKELAND, FL 33813

**FEI Number:** 59-3250178

**Certificate of Status Desired:** No

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

LASH, ROBERT KJR.  
423 E LAKE BONNY DR.  
LAKELAND, FL 33801 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           | PD                   | Title           | DV                |
| Name            | LASH, ROBERT KJR     | Name            | LASH, STEPHEN F   |
| Address         | 423 E LAKE BONNY DR. | Address         | 845 E EDGEWOOD DR |
| City-State-Zip: | LAKELAND FL 33801    | City-State-Zip: | LAKELAND FL 33803 |
|                 |                      |                 |                   |
| Title           | SECRETARY            |                 |                   |
| Name            | TURNER, BETH Y       |                 |                   |
| Address         | 4520 S FLORIDA AVE.  |                 |                   |
| City-State-Zip: | LAKELAND FL 33813    |                 |                   |

*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:** BETH TURNER

**SECRETARY**

**04/29/2014**

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

\_\_\_\_\_  
Date