

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000052755

1. Entity Name
52 AUTOMOTIVE CENTER, INC.



Principal Place of Business
11915 STATE ROAD 52
HUDSON, FL 34669

Mailing Address
11915 STATE ROAD 52
HUDSON, FL 34669



03222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3579957

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CHERRY, ROSEMARY
6427 DRIFTWOOD DR.
HUDSON, FL 34667

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
CHERRY, ROSEMARY
6427 DRIFTWOOD DR.
HUDSON, FL 34667

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CHERRY, RUSSELL R
6427 DRIFTWOOD DR.
HUDSON, FL 34667

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U000000879581
04/15/08-90026-014 150.00

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: *X Rosemary Cherry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSEMARY CHERRY

X 4/1/08 727-919-1569
Date Daytime Phone #