

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000002831

1. Entity Name
PREVOST CAR (US) INC.



Principal Place of Business
**6931 BUSINESS PARK BLVD. NORTH
JACKSONVILLE, FL 32256 US**

Mailing Address
**201 SOUTH AVENUE
SOUTH PLAINFIELD, NJ 07080 US**



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1768147

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME BOLDUC, GAETAN
STREET ADDRESS 1167 KENNEDY STREET ST. JOSEPH
CITY-ST-ZIP QC, G0S 2VO

TITLE D
NAME KARLSSON, HAKAL
STREET ADDRESS HANGESTEUAGEN 27
CITY-ST-ZIP VASTRA FROLUNDA, SWEDEN,

TITLE S
NAME BOUTTE, GILLES
STREET ADDRESS 1516 PAMPHILE LEMAY
CITY-ST-ZIP QUEBEC, CN qc g1y 3c

TITLE D
NAME ELMEILD, HERBERT
STREET ADDRESS BILLDALS LOVSKOGSUAG
CITY-ST-ZIP BILLDAL SWEDEN,

TITLE D
NAME BACKSTROM, TORE
STREET ADDRESS ASCHEBERGSGATAN
CITY-ST-ZIP GOTEBOG,

TITLE D
NAME LINDQUIST, PER MARTEN
STREET ADDRESS 80400 VBA2
CITY-ST-ZIP GOTHENBURG SWEDEN,

U00000640460
02/28/07-80067-010 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #