

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L91541 1. Entity Name LORITO AUTO SALES, INC.						05 HAY 24 PH 2: 51				
Principal Place	e of Busines	s	Mailing Address			HANDA MAIL MAIL				
6400 S. PINE AVE. OCALA, FL 34480			6400 S. PINE AVE. Ocala, Fl 34480							
56.D., 12 51.65						 	B IBIBL MTB! BMB BITB! (181	#(DE) D1012 D1311 D2	3811 213 11 81811	TO LE CTOL
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04142005	Chg-P	CR2E034	(10/03)	05
City & State			City & State			4. FEI Numb 59-307				olied For Applicable
Zip	Country		Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required			tional	
6. Name and Address of Current F						7. Name and Address of New Registered Agent				
GILL, RAY	S., P.A.		_	Name	-	· <u> </u>		-		
613 S. E. FT. KING STREET OCALA, FL 32671				Street Address (dress (P.O. Box Number is Not Acceptable)					
,				City				Zip Code		
• **					,			FL		
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 Idle if applicable. (NOTE Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	•	OFFICERS AND	DIRECTORS	11.		ADDITIONS	L/CHANGES TO OFFI	ICERS AND D	IRECTORS	IN 11
TITLE	D	IOHNO	☐ Delete	TITLI	ł				Change	☐ Addition
NAME STREET ADDRESS	LORITO, JOHN G. 6400 S. PINE AVE.				ET ADDRESS					
CITY-S1-ZIP					-ST-ZIP	900055717669 06703705-01050-005 _{日間間} 50点線。				
TITLE NAME	D LORITO.	JACQUELINE ANN	☐ Delete	E	00/(JO/ 00 0100	. 000 L	_ Change	Addition	
STREET ADDRESS	6400 S. PINE AVE.				ET ADDRESS					İ
CITY+\$1-ZIP	OCALA, F	-L 34480	☐ Delete	- \$1 - 21P				Change	Addition	
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STREET ADDRESS CITY+ST+ZIP	i									
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 Dale Daylore Prone #										234
	/	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OH DIREC	TOR		Dale	Dayb	me Phone #	