

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 8:00 am
Secretary of State

03-30-2005 90026 039 ***150.00

DOCUMENT # P95000054516	
1. Entity Name 19TH STREET AUTO CENTER, INC.	

Principal Place of Business 1220 WEST 19 STREET PANAMA CITY FL 32405	Mailing Address 1220 WEST 19 STREET PANAMA CITY FL 32405
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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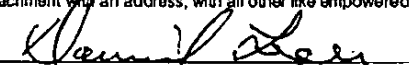
City & State	City & State	4. FEI Number 59-3325542	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 1220 W 19 ST PANAMA CITY FL 32405		7. Name and Address of New Registered Agent Name Sher L. Allan, Esq. Street Address (P.O. Box Number is Not Acceptable) 731 Oak Avenue City Panama City FL Zip Code 32401	
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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 	DATE 4/25/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEGER, DANIEL EDMOND 1220 WEST 19 STREET PANAMA CITY FL 32405 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEGER, DANIEL EDMOND 1220 West 19th Street Panama City, FL 32405 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Rebecca Lloyd Leger 1220 West 19th Street Panama City, FL 32405 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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: 	DATE: 3-25-05 