

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000065372

1. Entity Name
4 POINTS AUTO SALES, INC.



Principal Place of Business
3489-B SOUTH MONROE STREET
TALLAHASSEE, FL 32301

Mailing Address
3489-B SOUTH MONROE STREET
TALLAHASSEE, FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3526135

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISON, J. KENNETH
3489-B SOUTH MONROE STREET
TALLAHASSEE, FL 32301

Name *Sheila R Huber*
Street Address (P.O. Box Number is Not Acceptable)
3489B South Monroe Street
City *Tallahassee* FL Zip Code *32301*

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVTs
NAME MORRISON, J. KENNETH ☒ Delete
STREET ADDRESS 3489-B SOUTH MONROE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D
NAME MORRISON, J. KENNETH ☐ Delete
STREET ADDRESS 3489-B SOUTH MONROE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME Sheila R Huber
STREET ADDRESS 5010 Wapiti Deer Lane
CITY-ST-ZIP Tallahassee FL 32304

TITLE Treasurer ☐ Change ☒ Addition
NAME Frank T Mock
STREET ADDRESS PO Box 651
CITY-ST-ZIP St Marks FL 32355

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 800069054288
CITY-ST-ZIP 03/30/06--01048--005 ***150.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS *3/3/27*
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

Sheila R Huber

3/24/06

850-264-7007

FILED

06 MAR 27 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

