

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 17, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # F61174**

1. Entity Name  
**FREDDY CURTIS AUTO'S INC.**



Principal Place of Business  
**808 SOUTH HOPKINGS AVE  
TITUSVILLE, FL 32780**

Mailing Address  
**808 SOUTH HOPKINGS AVE  
TITUSVILLE, FL 32780**



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2163712**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CURTIS, TIMOTHY  
808 S. HOPKINS AVE  
TITUSVILLE, FL 32780**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**UN0000087587  
01/19/06-80044-013 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TIMOTHY, CURTIS
STREET ADDRESS	808 S. HOPKINS AVE.
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	ST
NAME	CURTIS, SANDRA
STREET ADDRESS	5660 CANVASBACK DR.
CITY-ST-ZIP	MIMS, FL 32754
TITLE	VP
NAME	VANLORN, LAWRENCE
STREET ADDRESS	2209 N. US #1
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 reports 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 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 #

**1-13-06**