

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H28413

**Entity Name:** CORVETTES WEST, INC.

**Current Principal Place of Business:**

% THOMAS MOLLER  
6175A CLARK CENTER AVENUE  
SARASOTA, FL 34238

**Current Mailing Address:**

% THOMAS MOLLER  
6175A CLARK CENTER AVENUE  
SARASOTA, FL 34238

**FEI Number:** 59-2464224

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOLLER, THOMAS  
6175A CLARK CENTER AVENUE  
SARASOTA, FL 34238 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                        |                 |                         |
|-----------------|------------------------|-----------------|-------------------------|
| Title           | DP                     | Title           | VTs                     |
| Name            | MOLLER, THOMAS         | Name            | MOLLER, DEBORA S        |
| Address         | 6175A CLARK CENTER AVE | Address         | 6175A CLARK CENTER AVE. |
| City-State-Zip: | SARASOTA FL 34238      | City-State-Zip: | SARASOTA FL 34238       |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS MOLLER

**PRES.**

**02/24/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date