

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90345 018 ***158.75

DOCUMENT # 195108

1. Entity Name

SCHOOLEY CADILLAC INC



Principal Place of Business

2101 45TH ST
WEST PALM BEACH FL 33407
US

Mailing Address

2101 45TH ST.
WEST PALM BEACH FL 33407

50040483



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

4415 Westroads Drive

3. Mailing Address

P.O. Box 9817

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, Fl.

City & State

Riviera Beach, Fl.

4. FEI Number

59-0677402

Applied For

Not Applicable

Zip

33407

Country

U.S.

Zip

33419

Country

U.S.

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

SCHOOLEY, C W III
2101 45TH ST
WEST PALM BEACH FL 33407

Name

Street Address (P.O. Box Number is Not Acceptable)

4415 Westroads Drive

City

West Palm Beach, Fl.

FL

Zip Code

33407

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, 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SCHOOLEY, C. W. III
STREET ADDRESS 7572 HAWKS LANDING DR
CITY-ST-ZIP WEST PALM BEACH FL 33412

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

TITLE ST ☐ Delete
NAME EICHHORN, RALPH W.
STREET ADDRESS 180 MIRAMAR AVE.
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

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

TITLE VP ☒ Delete
NAME SCHOOLEY, CHARLES W IV
STREET ADDRESS 2939 MARY'S WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Ralph W. Eichhorn*

Ralph W. Eichhorn

4-15-05

561-842-6363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #