

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-20-2005 90329 045 ***150.00

DOCUMENT # 273344

1. Entity Name

C.R. LOVELL AUTO SUPPLY, INC.



Principal Place of Business

214 S. SECONA ST.
LEESBURG FL 34788
US

Mailing Address

33323 TEWKSBURY DR
LEESBURG FL 34788
US

50039673



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3333 Tewksbury Dr.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Leesburg FL

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

34788

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOVELL, JACK
33323 TEWKSBURG DR
LEESBURG FL 34788

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reappointing)

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

TITLE PD ☐ Delete
NAME LOVELL, JACK
STREET ADDRESS 33323 TEWKSBURY DR
CITY-ST-ZIP LEESBURG FL

TITLE D ☐ Delete
NAME LOVELL, ROBERT C., JR.
STREET ADDRESS 101 S LAKESHORE DR.
CITY-ST-ZIP LEESBURG FL

TITLE ST ☐ Delete
NAME LOVELL, JEWELL B
STREET ADDRESS 101 LAKESHORE DR
CITY-ST-ZIP LEESBURG FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Jack R Lovell **JACK L. LOVELL** 4/13/05 (352) 728-2504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #