

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # 326093

1. Entity Name

ASTRO LINCOLN-MERCURY INC



Principal Place of Business

6350 PENSACOLA BLVD.
PENSACOLA, FL 32505

Mailing Address

6350 PENSACOLA BLVD.
PENSACOLA, FL 32505



03312008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1202806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CULBERTSON, R W
3565 PINE FOREST
CANTONMENT, FL 32533

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000009883245
04/16/08-80073-011 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME CULBERTSON, R W, MRS
STREET ADDRESS 3565 PINE FOREST
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE V
NAME CULBERTSON, M WARREN
STREET ADDRESS 3533 PINEFOREST
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE V
NAME BONIFAY, JANDY G
STREET ADDRESS 713 LADNER DRIVE
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE ST
NAME MORRIS, SUSAN JILL
STREET ADDRESS 3533 PINEFOREST
CITY-ST-ZIP CANTONMENT, FL 32533

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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-08 850-478-8531