

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90087 004 \*\*\*150.00

**DOCUMENT # 375160**

1. Entity Name

**BLOUNTSTOWN MOTORS, INCORPORATED**



Principal Place of Business

17178 MAIN STREET SOUTH  
BLOUNTSTOWN FL 32424

Mailing Address

17178 MAIN STREET SOUTH  
BLOUNTSTOWN FL 32424

2. Principal Place of Business

3. Mailing Address

*P.O. Box 253*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*BLOUNTSTOWN Florida*

Zip

Country

Zip

Country

*32424*

*U.S.A.*

4. FEI Number

**59-1323550**

Applied For

Not Applicable

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

**MASON, MARGIE C. LYTLE**  
**21428 SE 20 E**  
**BLOUNTSTOWN FL 32424**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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 ☐ Delete  
NAME **STV**  
STREET ADDRESS **MASON, MARGIE C.**  
CITY-ST-ZIP **21428 SE 20 E**  
**BLOUNTSTOWN FL 32424**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **MASON, RONALD F**  
CITY-ST-ZIP **20056 SW DOGWOOD AVE**  
**BLOUNTSTOWN FL 32424**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LYTLE, FLOYD A**  
CITY-ST-ZIP **18989 SE WREONIE MOODY RD**  
**BLOUNTSTOWN FL 32424**

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

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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 exemptions contained in Section 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: *Margie C. Mason* **MARGIE C. MASON** *April 4, 2006* **850-674-1918**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #