

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90101 020 ***150.00

DOCUMENT # 410704

1. Entity Name

TUGGLE MOTORS INC.



Principal Place of Business

2200 SW 56 AVE
BIG A. AUTO RECULERS
HOLLYWOOD FL 33023

Mailing Address

ANDREW H. ACCETTURO
16 ROYAL PALM WAY - UNIT 101
BOCA RATON FL 33432



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1421281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACCETTURO, ANDREW H.
16 ROYAL PALM WAY
UNIT 101
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

ANDREW H. ACCETTURO

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

16 ROYAL PALM WAY - UNIT 101

Unit 101

City

BOCA RATON

FL

Zip Code

33432

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, 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 PD ☐ Delete
NAME ACCETTURO, ANDREW H.
STREET ADDRESS 16 ROYAL PALM WAY #101
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ST ☐ Delete
NAME ACCETTURO, BARBARA T.
STREET ADDRESS 16 ROYAL PALM WAY #101
CITY-ST-ZIP BOCA RATON FL 33432

TITLE V ☐ Delete
NAME ACCETTURO, BARBARA
STREET ADDRESS 16-ROYAL PALM WAY #701
CITY-ST-ZIP BOCA RATON FL 33432

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/06

Date

561-9558802

Daytime Phone #