

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90075 036 \*\*\*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. ACCETURO  
16 ROYAL PALM WAY  
BOCA RATON FL 33432

2. Principal Place of Business - No P.O. Box #

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

7. Name and Address of New Registered Agent

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

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

(NOT: Registered Agent signature not required when he is existing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	<input type="checkbox"/> Delete
NAME	ACCETTURO, ANDREW H.	
STREET ADDRESS	16 ROYAL PALM WAY #101	
CITY ST ZIP	BOCA RATON FL 33432	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ACCETTURO, BARBARA T.	
STREET ADDRESS	16 ROYAL PALM WAY #101	
CITY ST ZIP	BOCA RATON FL 33432	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ACCETTURO, BARBARA	
STREET ADDRESS	16-ROYAL PALM WAY #701	
CITY ST ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

1/20/07-9543363456