

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 511526

1. Entity Name
TAMPA AUTO FLEA MARKET, INC.



Principal Place of Business
**6852 W. HILLSBOROUGH
TAMPA, FL 33634-5002**

Mailing Address
**6852 W. HILLSBOROUGH
TAMPA, FL 33634-5002**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1811926

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAUER, ROBERT E
6852 W. HILLSBOROUGH AVE.
TAMPA, FL 33634-5002**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CUSHING, JOHN R
STREET ADDRESS	18703 GERACI ROAD
CITY-ST-ZIP	LUTZ, FL
TITLE	D
NAME	CUSHING, JOHN R
STREET ADDRESS	18703 GERACI ROAD
CITY-ST-ZIP	LUTZ, FL
TITLE	VS
NAME	SAUER, ROBERT
STREET ADDRESS	6114 SCHOONER WAY
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	SAUER, ROBERT
STREET ADDRESS	6114 SCHOONER WAY
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000414988
02/11/06-80062-009 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 30 06 813 885244