

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2008 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



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1811926

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2008 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

**DO NOT WRITE
IN THIS SPACE**

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05/21/08-KUU17-007 150.00

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 #

4-25-08

813 8852424