

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90306 024 ***158.75

DOCUMENT # 590975

1. Entity Name
MORGAN'S CAR SALES, INC.



Principal Place of Business

2766 US HWY 441-27
FRUITLAND PARK, FL 34731 US

Mailing Address

2766 US HWY 441-27
FRUITLAND PARK, FL 34731 US

2. Principal Place of Business

Morgan's Car Sales, Inc.
Suite, Apt. #, etc.
1200 W. North Blvd

3. Mailing Address

Morgan's Car Sales, Inc.
Suite, Apt. #, etc.
1200 W. North Blvd



02192004

Chg-P

CR2E034 (10/03)

City & State

Leesburg, FL

City & State

Leesburg, FL

Zip

347

Country

Lake

Zip

34748

Country

Lake

4. FEI Number

59-1864018

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MORGAN, LUCILLE V
05351 MAGNOLIA RIDGE RD
FRUITLAND PARK, FL 34731

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORGAN, JOE L	
STREET ADDRESS	05351 MAGNOLIA RIDGE RD	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MORGAN, LUCILLE V.	
STREET ADDRESS	05351 MAGNOLIA RIDGE RD	
CITY-ST-ZIP	FRUITLAND PARK, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORGAN, RANDALL L.	
STREET ADDRESS	37245 GRAYS AIRPORT RD	
CITY-ST-ZIP	LADY LAKE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, HAROLD L	
STREET ADDRESS	4035 PALM DRIVE	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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: *Lucille V. Morgan* Lucille V. Morgan 2-20-04 (352) 326-8190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #