# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # 590975

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

Principal Place of Business
1200 W. NORTH BLVD.
LEESBURG, FL 34748 US

Mailing Address
1200 W. NORTH BLVD.
LEESBURG, FL 34748 US

04212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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 | PD |
| NAME | MORGAN, JOE L |
| STREET ADDRESS | 05351 MAGNOLIA RIDGE RD |
| CITY-ST-ZIP | FRUITLAND PARK, FL 34731 |
| TITLE | STD |
| NAME | MORGAN, LUCILLE V. |
| STREET ADDRESS | 05351 MAGNOLIA RIDGE RD |
| CITY-ST-ZIP | FRUITLAND PARK, FL |
| TITLE | VD |
| NAME | MORGAN, RANDALL L. |
| STREET ADDRESS | 37245 GRAYS AIRPORT RD |
| CITY-ST-ZIP | LADY LAKE, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/04/06-80050-006 150.00

**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:** Lucille V. Morgan 4-19-06 (352)326-8190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Lucille V. Morgan