

**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 _____ (NOTE: Registered Agent signature required when re-stating) 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

000000525855
05/04/06-80050-006 150.00

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lucille V. Morgan

4-19-06
Date

(352)326-8190
Daytime Phone #