

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2007 8:00 am**  
**Secretary of State**

08-30-2007 90002 022 \*\*\*550.00

**DOCUMENT # F03000001597**

1. Entity Name  
CITY NIGHTS VALET OF TENNESSEE, INC.



Principal Place of Business  
621 EAST WASHINGTON STREET, #8  
ORLANDO, FL 32801

Mailing Address  
621 EAST WASHINGTON STREET, #8  
ORLANDO, FL 32801

2. Principal Place of Business - No P.O. Box #  
6751 Sorum Drive  
Suite, Apt. #, etc.  
Suite 230  
City & State  
Orlando FL  
Zip  
32821  
Country  
Orange

3. Mailing Address  
6751 Sorum Drive  
Suite, Apt. #, etc.  
Suite 230  
City & State  
Orlando FL  
Zip  
32821  
Country  
Orange



07032007 Chg-P CR2E034 (12/06)

4. FEI Number  
71-0940605  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MATEER, CRAIG C  
621 EAST WASHINGTON STREET, #8  
ORLANDO, FL 32801

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 \$550.00**  
**Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD MATEER, CRAIG C 621 EAST WASHINGTON STREET, #8 ORLANDO, FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD Mateer, Craig C 6751 Sorum Drive suite 230 Orlando FL 32821	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

P-21-07 407-849-0670