2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F61174

1. Entity Name
FREDDY CURTIS AUTO'S INC.

Principal Place of Business	Mailing Address
808 SOUTH HOPKINGS AVE TITUSVILLE, FL 32780	808 SOUTH HOPKINGS AVE TITUSVILLE, FL 32780

DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2163712

☐ Applied For
☐ Not Applic.

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

6. Name and Address of Current Registered Agent

CURTIS, TIMOTHY
808 S. HOPKINS AVE
TITUSVILLE, FL 32780

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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 acc... 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

U00000387587
01/19/06-80044-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TIMOTHY, CURTIS
STREET ADDRESS	808 S. HOPKINS AVE.
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	ST
NAME	CURTIS, SANDRA
STREET ADDRESS	5660 CANVASBACK DR.
CITY-ST-ZIP	MIMS, FL 32754
TITLE	VP
NAME	VANLTORN, LAWRENCE
STREET ADDRESS	2209 N. US #1
CITY-ST-ZIP	TITUSVILLE, FL 32796
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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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1-13-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #