2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT #F69643

1. Entity Name
CROWDER'S CAR CORRAL, INC.

Principal Place of Business	Mailing Address
2826 OLD ST. AUGUSTINE RD. JACKSONVILLE, FL 32207	3801 LITTLE LANE JACKSONVILLE, FL 32223

DO NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2261697

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CROWDER, BRUCE G
3801 LITTLE LANE
JACKSONVILLE, FL 32223

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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000551411
05/13/06-80096-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CROWDER, BRUCE G
STREET ADDRESS	3801 LITTLE LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	MGR
NAME	ELLISON, ANGELA R
STREET ADDRESS	10275 OLD ST. AUGUSTINE RD. # 713
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Bruce Crowder 4/28/06 904-3490665
Signature and Typed or Printed Name of Individual and Capacity or Position Here (Both Required) Date Daytime Phone #

Mail completed report to:

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Courier Address: *(overnight delivery)*
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Questions?

Phone: (850) 245-6056
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.