


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000005049**  
 1. Entity Name  
**CENTRAL FLORIDA MOTOR SALES, INC.**



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
**3800 W. COLONIAL DR. ORLANDO, FL 32808 US**      **3800 W. COLONIAL DR. ORLANDO, FL 32808 US**

**DO NOT WRITE IN THIS SPACE**



03072005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-3206015</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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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 accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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	PV SIVIGLIA, JOSEPH A. J 3800 W. COLONIAL DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILSON, FRANK W 3800 W COLONIAL DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIVIGLIA, ROBERT J 3800 W. COLONIAL DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 exemption stated in Section 119.07(3)(f), 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: Frank W. Wilson Sec      3/15/05      (407) 298-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #