

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000005033

1. Entity Name
FITZGERALD MOTORS, INC.



Principal Place of Business
27365 U.S. HIGHWAY 19, NORTH
CLEARWATER, FL 34621

Mailing Address
27365 U.S. HIGHWAY 19, NORTH
CLEARWATER, FL 34621



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2978037

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000060782
02/23/04-80053-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SMITH, ROBERT J
27365 US HIGHWAY 19 NORTH
CLEARWATER, FL 34621

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
JENKINS, GERRY M
11411 ROCKVILLE PIKE
KENSINGTON, MD 20895

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CASH, JAMES W
11411 ROCKVILLE PIKE
KENSINGTON, MD 20895

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TC
JENKINS, GARRY M
11411 ROCKVILLE PIKE
KENSINGTON, MD 20895

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FITZGERALD, DOROTHY M
11411 ROCKVILLE PIKE
KENSINGTON, MD 20895

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 exemption stated in Section 119.07(3)(i), 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: Robert J. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04
Date

727 799 1806
Daytime Phone #