


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000001804	
1. Entity Name ARIZONA CLASSIC AUTO & FINANCE CORPORATION	

Principal Place of Business % J.D. BYRIDER SALES 1850 EAST MAIN STREET MESA, AZ 85203	Mailing Address 2626 S FEDERAL HWY. DELRAY BEACH, FL 33483
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01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0798337	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARTOLINI, ROBERT R 2626 SOUTH FEDERAL HWY DELRAY BEACH, FL 33483
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**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, 2006 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	P BARTOLINI, ROBERT R 8602 E VIA DEL SOL DR SCOTTSDALE, AZ 85255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARTOLINI, JAMES E 8602 E VIA DEL SOL DR SCOTTSDALE, AZ 85255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTOLINI, ROBERT O 10833 E RAINTREE DR SCOTTSDALE, AZ 85255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANCE, EDWARD J 6684 BROOKHURST CIRCLE LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11000000402859
02/03/06-80025-001 150.00

**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: Robert A Bartolini 1-24-06 561-272-2989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #