

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90033 005 ***150.00

DOCUMENT # G85076

1. Entity Name

CAR-MAR OF ORLANDO, INC.



Principal Place of Business

4104 OLD WINTER GARDEN ROAD
ORLANDO FL 32805

Mailing Address

4104 OLD WINTER GARDEN ROAD
ORLANDO FL 32805

2. Principal Place of Business - No P.O. Box #

1528 HEMPEL AVE
Suite, Apt. #, etc.

3. Mailing Address

1528 HEMPEL AVE
Suite, Apt. #, etc.

City & State

GOtha, FL

City & State

GOtha, FL

4. FEI Number

59-2367588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

CZUCHAJ, CARL
4104 OLD WINTER GARDEN ROAD
WINTER GARDEN FL 32805

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1528 HEMPEL AVE

City

GOtha

FL

Zip Code

34734-4641

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME CZUCHAJ, CARL
STREET ADDRESS 1528 HEMPEL AVE.
CITY-ST-ZIP GOtha FL 34734

TITLE DVP ☐ Delete
NAME CZUCHAJ, CARL
STREET ADDRESS 1528 HEMPEL AVE.
CITY-ST-ZIP GOtha FL 34734

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

CARL L. CZUCHAJ

CARL L. CZUCHAJ 2-26-08 321-231-5142

Date

Daytime Phone