

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # H23156

1. Entity Name
FT. CAROLINE CITGO, INC.



Principal Place of Business
3651 ROGERO RD
JACKSONVILLE, FL 32277

Mailing Address
3651 ROGERO RD
JACKSONVILLE, FL 32277



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2506264

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TROMBERG, FRED
4151 WOODCOCK DRIVE, SUITE 101
JACKSONVILLE, FL 32207

**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.

U00000580521

01/10/07-80050-008 150.00

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SHAMI, CONSTANDI
STREET ADDRESS	3238 HONEYWOOD DRIVE
CITY-STATE-ZIP	JACKSONVILLE FL.
TITLE	D
NAME	SHAMI, VICTORIA
STREET ADDRESS	3238 HONEYWOOD DRIVE
CITY-STATE-ZIP	JACKSONVILLE, FL
TITLE	S
NAME	SHAMI, ELIAS C
STREET ADDRESS	3467 JACONA DR
CITY-STATE-ZIP	JACKSONVILLE, FL 32217
TITLE	T
NAME	SHAMI, JOHN C
STREET ADDRESS	7405 FLORM RIDGE DR
CITY-STATE-ZIP	JACKSONVILLE, FL 32277
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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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:

Elias C. Shami **ELIAS C. SHAMI**

1/8/07

904-7436200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #