

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90385 028 ***150.00

DOCUMENT # H97278

1. Entity Name

ED TILLMAN AUTO SALES ON CASSAT, INC.



Principal Place of Business
3207 N. MAIN STREET
JACKSONVILLE, FL 32206

Mailing Address
3207 N. MAIN STREET
JACKSONVILLE, FL 32206

40051647



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-2745223

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TILLMAN, EDGAR W.
3207 NORTH MAIN STREET
JACKSONVILLE, FL 32206

Name

TILLMAN, STANLEY

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

3207 N MAIN ST

City

Jacksonville

FL

Zip Code

32206

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

4/14/06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TILLMAN, EDGAR W.
STREET ADDRESS 3207 N. MAIN STREET
CITY - ST - ZIP JACKSONVILLE, FL 32206 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE P
NAME TILLMAN, CAROLYN
STREET ADDRESS 3207 N. MAIN ST
CITY - ST - ZIP JACKSONVILLE, FL 32206 ☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/06

904 356 4800