

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # J16776

1. Entity Name

CASSELBERRY CREDIT CARS, INC.



Principal Place of Business

5316 EDGEWATER DR  
ORLANDO, FL 32810

Mailing Address

5316 EDGEWATER DR  
ORLANDO, FL 32810

U00000527312

05/04/06-80103-024 150.00



04202006

No Chg-P

CR2E034 (11/05)

4. FEI Number

58-2681329

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MASTRAPA, ARNALDO  
1654 GRANGE CIRCLE  
LONGWOOD, FL 32750DO 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	DP
NAME	MASTRAPA, ARNALDO
STREET ADDRESS	1654 GRANGE CIR
CITY-STATE-ZIP	LONGWOOD, FL 32750

TITLE	D
NAME	MASTRAPA, MARTHA
STREET ADDRESS	1654 GRANGE CIR
CITY-STATE-ZIP	LONGWOOD, FL 32750

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/21/06