

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # J39571

1. Entity Name
IMPORT CAR SERVICE, INC.



Principal Place of Business

6144 SPRINGER DR.
PORT RICHEY, FL 34668

Mailing Address

6144 SPRINGER DR
PORT RICHEY, FL 34668 US

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2787276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PSETAS, GEORGE
6710 EMBASSY BLVD STE 105
PORT RICHEY, FL 34668

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHULZ, WILFRIED
STREET ADDRESS 13413 BROOKSVILLE ROCK RD
CITY-ST-ZIP BROOKSVILLE, FL 34614

TITLE TD
NAME WHITE, JESSE B.
STREET ADDRESS 7921 WALLABA LN.
CITY-ST-ZIP NEW PORT RICHEY, FL

TITLE SD
NAME HERNANDEZ, LUIS
STREET ADDRESS 9225 LAKE DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/24/05-80016-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jesse B. White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESSE B. WHITE

1-19-05

7278458657

Date

Daytime Phone #