

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90016 024 ***150.00

DOCUMENT # K04616

1. Entity Name
AUTO FINANCE SERVICES OF LEE COUNTY, INC.



Principal Place of Business

**JOYCE ALLEN MIDTOWN MOTORS
775 SR 29 SOUTH
FELDA, FL 33930 US**

Mailing Address

**PO BOX 547
FELDA, FL 33930 US**

DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0044618

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REYNOLDS, A B JR
801 W LEELAND HGTS BLVD
LEHIGH ACRES, FL 33936**

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when renouncing.)

DATE

**FILE NUMBER FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
HUKIN, GEOFFREY T.
8 TANGERINE CT
LEHIGH ACRES, FL 33936**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUKIN, GEOFFREY T
8 TANGERINE CT
LEHIGH ACRES, FL 33936**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VIVIAN HUKIN S.D.
8 TANGERINE CT
LEHIGH ACRES FL 33936**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-04 239-369-5182

Date

Daytime Phone #