2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L43518

Entity Name
N GASGARTH FORD, INC.

Principal Place of Business
3156 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952-8030

Mailing Address
PO BOX 496386
PT. CHARLOTTE, FL 33949 US

01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0167293

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LLINGS, HARVEY
3 SE 47TH TERR
PE CORAL, FL 33904

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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: Harvey Illings 1/13/06
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

000000337481
01/30/06-80051-022 150.00

OFFICERS AND DIRECTORS

	PD GASGARTH, DONALD J. 3156 TAMIAMI TRAIL PORT CHARLOTTE, FL
	VST GASGARTH, KIMBERLY 3156 TAMIAMI TRAIL PORT CHARLOTTE, FL 339526030

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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: Kimberly Gasgarth Kimberly Gasgarth 1/16/06 941-625-6141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #