

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L57708

1. Entity Name
CAR PRIDE, INC.



Principal Place of Business
**450 STAN DR MELBOURNE
MELBOURNE, FL 32904 US**

Mailing Address
**1455 ATZ RD
MALABAR, FL 32950 US**



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2998689

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NOTARNICOLA, MARIA R.
1455 ATZ RD
MALABAR, FL 32950**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
BUT MAY 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

UN0000123296
04/21/04-80065-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	NOTARNICOLA, MARIA R.
STREET ADDRESS	1455 ATZ RD
CITY - ST - ZIP	MALABAR, FL 32950
TITLE	DV
NAME	NOTARNICOLA, PAUL
STREET ADDRESS	1455 ATZ RD
CITY - ST - ZIP	MALABAR, FL 32950
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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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:

Maria R. Notarnicola **MARIA R. NOTARNICOLA** 4/19/04 (321) 951-4083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #