## 2005 FOR PROFIT CORPORATION

## May 04, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L86439 REGENCY MOTORS ENTERPRISES, INC. Principal Place of Business Mailing Address % DONALD BUSSIERE % DONALD BUSSIERE 103 N VOLUSIA AVE 103 N VOLUSIA AVE ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 04292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1988709 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUSSIERE, DONALD DO NOT WRITE 103 N VOLUSIA AVE ORANGE CITY, FL 32763 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BUSSIERE, DONALD NAME U00000362126 05/05/05-80105-017 150.00 STREET ADDRESS 103 N VOLUSIA AVE CITY - ST- 7IP ORANGE CITY, FL TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE STREET ADDRESS DO NOT WRITE CITY - ST- ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-78 TITLE

**FILED** 

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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:

NAME STREET ADDRESS CITY-ST-ZIP

YPED OR PRINTED NAME OF