

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000017427

1. Entity Name
CIGNA AUTOMOTIVE INC.



FILED
Apr 23, 2007 08:00 A
Secretary of State

Principal Place of Business
5145 N. DIXIE HIGHWAY
DEERFIELD BEACH, FL 33064

Mailing Address
5145 N. DIXIE HIGHWAY
DEERFIELD BEACH, FL 33064



04152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0982987

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CIGNA, STEVEN
2170 NW 44TH CT.
LIGHTHOUSE POINT, FL 33064

**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
After May 1, 2007 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
P
CIGNA, STEVEN
2170 N.E. 44TH CT.
LIGHTHOUSE POINT, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CIGNA, MARY
2170 NE 44TH COURT
LIGHTHOUSE POINT, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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05/01/07-80133-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Cigna
Steven Cigna

4/24/07 954-421-9401
Date Daytime Phone #