

FILED
May 10, 2004 8:00 am
Secretary of State

04-21-2004 90015 018 ***150.00

**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000084832

1. Entity Name
THE CAR PORT SPECIALISTS INC.



Principal Place of Business
**9797 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837**

Mailing Address
**9797 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837**

66420624

DO NOT WRITE IN THIS SPACE

03302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3746350

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CUVILJE, DAVID
9797 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837**

**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 resigning)

5/10/04
DATE

**FILE NOW!!! 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 **P**
NAME **CUVILJE, DAVID**
STREET ADDRESS **9797 S ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **ORLANDO, FL 32837**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/10/04
DATE

Daytime Phone #