


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 12, 2006 8:00 am**  
**Secretary of State**

09-12-2006 90011 002 \*\*\*150.00

<b>DOCUMENT # P00000084832</b>	
1. Entity Name <b>THE CAR PORT SPECIALISTS INC.</b>	

Principal Place of Business <b>9797 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837</b>	Mailing Address <b>9797 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837</b>
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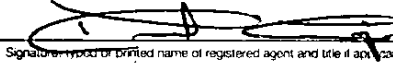


2. Principal Place of Business <b>9797 S. Orange Blossom Tr.</b>	3. Mailing Address "
Suite, Apt. #, etc. <b>*16, 17, *18</b>	Suite, Apt. #, etc. "
City & State <b>Orlando</b>	City & State "
Zip <b>32837</b>	Country <b>USA</b>

2nd MOORE CR2E034 (4/06)

4. FEI Number <b>59-3746350</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>CUVILJE, DAVID 9797 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837</b>		
7. Name and Address of New Registered Agent Name <b>David Cuvilje</b> Street Address (P.O. Box Number is Not Acceptable) <b>9797 S. O. B. T.</b> City <b>Orlando</b> FL <b>FL</b> Zip Code <b>32837</b>		

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  DATE **08/15/06**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 6, 2006</b> <b>Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CUVILJE, DAVID 9797 S.ORANGE BLOSSOM TRAIL ORLANDO FL 32837</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **08/15/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #