

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000099634

1. Entity Name
OTTO AUTOMOTIVE II, INC.



Principal Place of Business
**4151 WEST 1ST STREET
SANFORD, FL 32771**

Mailing Address
**11231 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837**



04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3677920

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OTTO, THOMAS W
11231 SOUTH 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 reinstalling)

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**

1000000108400
04/12/04-80001-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OTTO, THOMAS W
STREET ADDRESS	9161 BAYPOINT DRIVE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	OTTO, SARAH L
STREET ADDRESS	9161 BAYPOINT DRIVE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	S
NAME	OTTO, ANNEMARIE P
STREET ADDRESS	7698 HIGH PINE RD
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas W. Otto **Thomas W. Otto** 4-5-04 407 851 6300