

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 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



02022005 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000223710
02/10/05-80055-010 150.00

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas W Otto 7-2-05 407-851-6300