

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90372 001 ***150.00

DOCUMENT # P01000012312	
1. Entity Name CAR PEOPLE MARKETING, INC.	

40034400

Principal Place of Business 1020 W INTERNATIONAL SPEEDWAY BLVD SUITE 200 DAYTONA BEACH, FL 32114-3449 US	Mailing Address 1020 W INTERNATIONAL SPEEDWAY BLVD SUITE 200 DAYTONA BEACH, FL 32114-3449 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01262007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3700005	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
JOHNSON, ROBERT R 4244 JACKSON STREET 1020 W International Speedway Blvd PORT ORANGE, FL 32127 Suite 200 Daytona Beach, FL 32114-3449	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	P <input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT R
STREET ADDRESS	6135 SANCTUARY GARDENS BLVD
CITY-ST-ZIP	PORT ORANGE, FL 32124
TITLE	V <input type="checkbox"/> Delete
NAME	JOHNSON, RANDALL A
STREET ADDRESS	4244 JACKSON ST
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	S <input type="checkbox"/> Delete
NAME	JOHNSON, KALYN R
STREET ADDRESS	6135 SANCTUARY GARDENS BLVD
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Robert R
STREET ADDRESS	1770 Roscoe Turner Trail
CITY-ST-ZIP	Port Orange, FL 32128
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Randall A
STREET ADDRESS	3588 Maribella Drive
CITY-ST-ZIP	New Smyrna Beach, FL 32168
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Kalyn R
STREET ADDRESS	1770 Roscoe Turner Trail
CITY-ST-ZIP	Port Orange, FL 32128
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X 3-6-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #