

# FOR PROFIT CORPORATE ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90052 035 \*\*\*150.00

DOCUMENT # P01000065092

1. Entity Name

CHARLIES BRITISH CARS INC



**DO NOT WRITE IN THIS SPACE**

40072695

2. Principal Place of Business - No P.O. Box #

4609 N GRADY AVE

Suite, Apt. #, etc.

3. Mailing Address

4609 N GRADY AVE

Suite, Apt. #, etc.

CR2E034B (5/07)

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3734429

Applied For

Not Applicable

Zip

33614

Country

USA

Zip

33614

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name CHARLES INCE

Street Address (P.O. Box Number is Not Acceptable)

11204 MIST MOOR CT

City KWRVIEW

FL

Zip Code

33569

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CHARLES INCE  
STREET ADDRESS 11204 MIST MOOR CT  
CITY-ST-ZIP KWRVIEW FL 33569

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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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 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 on an attachment with an address with another like empowerment.

SIGNATURE: Charles Ince CHARLES INCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 April 08 813-877-6382

Date

Daytime Phone #