


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90021 049 ***150.00

DOCUMENT # P01000083010	
1. Entity Name BLUE ANGEL AUTO OUTLET, INC.	

Principal Place of Business 6660 PENSACOLA BLVD PENSACOLA FL 32505	Mailing Address 6660 PENSACOLA BLVD PENSACOLA FL 32505
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2. Principal Place of Business 6230 B NORTH PALATKA ST Suite, Apt. #, etc.	3. Mailing Address 13556 PERDIDO KEY DR. Suite, Apt. #, etc.
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City & State PENSACOLA, FL	City & State PENSACOLA, FL
Zip 32503	Country ESCAMBIA
Zip 32507	Country ESCAMBIA



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent HAYNIE, TED Q 13556 PERDIDO KEY DRIVE PENSACOLA FL 32507	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HAYNIE, TED Q 13556 PERDIDO KEY DRIVE PENSACOLA FL 32507 <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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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: Ted Q Haynie **TED Q HAYNIE** 2-11-05 850-492-6781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #