# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 06, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P01000116695

1. Entity Name
PRIME AUTO PARTNERS, INC.

Principal Place of Business
2008OKEECHOBEE BLVD
WEST PALM BEACH, FL 33409

Mailing Address
2008OKEECHOBEE BLVD
SUITE 102
WEST PALM BEACH, FL 33409

01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0553995 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MERCURIO, THOMAS D
2008 OKEECHOBEE BLVD
SUITE 102
WEST PALM BEACH, FL 33409

**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 _____ 03-02-06
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, 2006 Fee will be $550.00**

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

H06000456744
03/16/06-80042-019 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | MERCURIO, THOMAS D |
| STREET ADDRESS | P.O. BOX 16127 |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33416 |
| TITLE | D |
| NAME | MERCURIO, PETER T |
| STREET ADDRESS | P.O. BOX 16127 |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33416 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 03-02-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #