

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90020 014 \*\*\*155.00

**DOCUMENT # P01000117120**

1. Entity Name

FRANZ FOREIGN CARS OF FLORIDA, INC.



Principal Place of Business

6356 ARLINGTON EXPRESSWAY  
JACKSONVILLE FL 32211-7181

Mailing Address

6356 ARLINGTON EXPRESSWAY  
JACKSONVILLE FL 32211-7181



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

1109 Park Ave.

3. Mailing Address

6356 Arlington X-way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Orange Park, FL

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32072

USA

32211

USA

4. FEI Number

59-3760985

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LERCH, SHERAN  
6356 ARLINGTON EXPRESSWAY  
JACKSONVILLE FL 32211-7181

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

*Sheran Lerch*

4-29-08

Signature, typed for 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, 2008 Fee Will Be \$550.00**

**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 PD  
NAME LERCH, SR, FRANZ  
STREET ADDRESS 3857 CALICO TR  
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE VP  
NAME LERCH, SHERAN  
STREET ADDRESS 3857 CALICO TR  
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Sheran Lerch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08 904-725-4122

Date

Daytime Phone #