

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000029203

1. Entity Name
LIN'S AUTO TRANSPORT, INC



Principal Place of Business
2790 W. PRICE BLVD
NORTH PORT, FL 34286-4930

Mailing Address
2790 W. PRICE BLVD
NORTH PORT, FL 34286-4930



01292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0644933

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ZAVCER, LINDA D
2790 W. PRICE BLVD
NORTH PORT, FL 34286-4930

**DO NOT WRITE
IN THIS SPACE**

6. 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 retreating)

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZAVCER, LINDA D
STREET ADDRESS 2790 W. PRICE BLVD
CITY-ST-ZIP NORTH PORT, FL 342864930

TITLE VD
NAME ZAVCER, MLADEN
STREET ADDRESS 2790 W. PRICE BLVD
CITY-ST-ZIP NORTH PORT, FL 342864930

TITLE
NAME
STREET ADDRESS
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000000523123
05/03/06-80061-002 150.00

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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: *Linda D. Zavcer* **LINDA D. ZAVCER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06 **941 423 0491**
Date Daytime Phone #