

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000116162

1. Entity Name

CHARIOT AUTO GLASS, INC.



Principal Place of Business

1409 SE VILLAGE GREEN DRIVE
PORT ST. LUCIE FL 34952

Mailing Address

1409 SE VILLAGE GREEN DRIVE
PORT ST. LUCIE FL 34952



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-0119160

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SACCULLO, PATRICIA
1409 SE VILLAGE GREEN DRIVE
PORT ST. LUCIE FL 34952

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P	☐ Delete
NAME	SACCULLO, PATRICIA M	
STREET ADDRESS	1409 SE VILLAGE GREEN DRIVE	
CITY-STATE-ZIP	PORT ST. LUCIE FL 34952	
TITLE	VP	☐ Delete
NAME	SACCULLO, AUSTIN	
STREET ADDRESS	1409 SE VILLAGE GREEN DRIVE	
CITY-STATE-ZIP	PORT ST. LUCIE FL 34952	
TITLE	ST	☐ Delete
NAME	DRUM, THOMAS E	
STREET ADDRESS	91 CARLTON TERRACE	
CITY-STATE-ZIP	STEWART MANOR NY 11530	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME	U00000428108	
STREET ADDRESS	02/21/06-80034-009 150.00	
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-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: *Patricia M. Saccullo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06

772-285-8959

Date

Daytime Phone #