

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000039040

1. Entity Name
CAPE AUTO AIR & RADIATOR SERVICE, INC.



Principal Place of Business Mailing Address
1202 NE PINE ISLAND RD UNIT G 1202 NE PINE ISLAND RD UNIT G
CAPE CORAL, FL 33909 CAPE CORAL, FL 33909

DO NOT WRITE IN THIS SPACE

**FILED
May 10, 2005 8:00 am
Secretary of State**

05-10-2005 90118 019 ***150.00



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-3107561	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SUTTLES, JIMMIE D
1202 NE PINE ISLAND RD UNIT G
CAPE CORAL, FL 33909

**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

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, 2005 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 SUTTLES, JIMMIE D
STREET ADDRESS 1519 N.E. 15TH LN.
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE V
NAME SUTTLES, JAMES
STREET ADDRESS 1519 N.E. 15TH LN.
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimmie D. Suttles 3/1/05 239-573-7003

Date

Daytime Phone #