

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-10-2005 90118 019 ***150.00

DOCUMENT # P03000039040	
1. Entity Name CAPE AUTO AIR & RADIATOR SERVICE, INC.	
Principal Place of Business 1202 NE PINE ISLAND RD UNIT G CAPE CORAL, FL 33909	Mailing Address 1202 NE PINE ISLAND RD UNIT G CAPE CORAL, FL 33909



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3107561	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD SUTTLES, JIMMIE D 1202 NE PINE ISLAND RD 1519 N.E. 15TH LN. CAPE CORAL, FL 33909 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUTTLES, JAMES 1202 NE PINE ISLAND RD 1519 N.E. 15TH LN. CAPE CORAL, FL 33909 33909
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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