

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**



02212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-3107561

Applied For

Not Applicable

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, 2007 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 NE 15TH LANE  
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE V  
NAME SUTTLES, JAMES  
STREET ADDRESS 1519 NE 15TH LANE  
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

U00000750334  
05/18/07-80061-005 150.00

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07

Date

Daytime Phone #

231-573-7003