

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000039040

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** CAPE AUTO AIR & RADIATOR SERVICE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1036 PINE ISLAND RD UNIT 4  
CAPE CORAL, FL 33909

**Current Mailing Address:**

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

**New Mailing Address:**

1036 PINE ISLAND RD UNIT 4  
CAPE CORAL, FL 33909

**FEI Number:** 75-3107561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SUTTLES, JIMMIE D  
1036 PINE ISLAND RD UNIT 4  
CAPE CORAL, FL 33909 US

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.

**SIGNATURE:**

03/18/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SUTTLES, JIMMIE D  
**Address:** 1036 PINE ISLAND RD UNIT 4  
**City-St-Zip:** CAPE CORAL, FL 33909

**Title:** V  
**Name:** SUTTLES, JAMES  
**Address:** 1519 NE 15TH LANE  
**City-St-Zip:** CAPE CORAL, FL 33909

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JIMMIE D. SUTTLES

PD

03/18/2010

Electronic Signature of Signing Officer or Director

Date