

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000069688

1. Entity Name

27 QUALITY AUTO SALES, INC.



Principal Place of Business

1909 W. STATE ROAD 64
AVON PARK, FL 33825

Mailing Address

1909 W. STATE ROAD 64
AVON PARK, FL 33825

FILED

07 JUN 28 PM 3: 51

STATE
AVON PARK, E. FLORIDA

500103130915

05-14-07 01074 001 \$3,972.50 - 150



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0092748

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNARDINO, UBALDINO E
1909 W. STATE ROAD 64
AVON PARK, FL 33825

**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 date 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 BERNARDINO, UBALDINO E
STREET ADDRESS 2710 CHEVIOT ROAD
CITY-ST-ZIP AVON PARK, FL 33825

TITLE STD
NAME BERNARDINO, JUANA E
STREET ADDRESS 2710 CHEVIOT ROAD
CITY-ST-ZIP AVON PARK, FL 33825

TITLE VD
NAME GOMEZ, JOEL E
STREET ADDRESS 12123 AREACA DRIVE
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

\$76/28

**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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/13/07