

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90112 037 ***150.00

DOCUMENT # P03000078210

1. Entity Name
FLORIDA AUTOMOBILE COMPANY



Principal Place of Business
3605 US HIGHWAY 92 E
PLANT CITY, FL 33566

Mailing Address
117 W. ALEXANDER STREET
UNIT 390
PLANT CITY, FL 33563

2. Principal Place of Business
13610 N Nebraska Ave
Suite, Apt. #, etc.

3. Mailing Address
1005 Helmsdale Dr
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Wesley Chapel, FL

Zip
33613

Country

Zip
33543

Country

03232006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-1197346

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDEL, LOUIS
117 W. ALEXANDER STREET
#390
PLANT CITY, FL 33563

7. Name and Address of New Registered Agent

Name
Tim Malcomson
Street Address (P.O. Box Number is Not Acceptable)
1005 Helmsdale Dr
City
Wesley Chapel FL Zip Code
33543

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

Tim Malcomson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/26/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
PSTD
MENDEL, LOUIS J III
117 W. ALEXANDER STREET #390
PLANT CITY, FL 33563 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Malcomson, Tim
1005 Helmsdale Dr
Wesley Chapel, FL 33543 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Tim Malcomson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/06

Date

989-429-5259

Daytime Phone #