

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90117 021 \*\*\*150.00

20062314



07062005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0214364** Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

**DOCUMENT # P03000099482**

1. Entity Name  
**MCCAULEY'S AUTO CENTER, INC.**



Principal Place of Business  
**2953 - A HANSON STREET  
FORT MYERS, FL 33901 US**

Mailing Address  
**2953 - A HANSON STREET  
FORT MYERS, FL 33901 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**2953 B Hanson St.**

Suite, Apt. #, etc.

**2953 B Hanson St.**

City & State

**Fort Myers, FL**

City & State

**Fort Myers, FL**

Zip

**33916**

Country

**USA**

Zip

**33916**

Country

**USA**

6. Name and Address of Current Registered Agent

**WINKELSAS, TIFFANY A  
1601 JACKSON STREET  
SUITE 201  
FORT MYERS, FL 33901**

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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MCCAULEY, MICHAEL S**  
STREET ADDRESS **6032 LAURELWOOD DRIVE**  
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

*Mike McCauley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/7/05*  
Date

*239-334-2446*  
Daytime Phone #

ATTACHMENT

2011-1314

McCauley's Auto Center Inc

2953-b Hanson St  
Fort Myers FL 33901  
Phone:(239)-334-2446  
Fax:(239)-332-0846

P/B 00009482

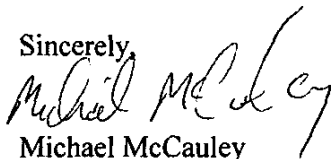
July 7, 2005

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Enclosed is our check for \$150.00 to cover the cost of the 2005 Annual Report. We did not receive notification that this was due until July 5<sup>th</sup>.

Thank you for your time and consideration in this matter.

Sincerely,



Michael McCauley