

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000122265



1. Entity Name
SEGOVIA AUTO SALES INC.

Principal Place of Business
3590 NW HWY 326
OCALA FL 34475

Mailing Address
10867 SW 45TH CT
OCALA FL 34476



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 52-2415151

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEGOVIA, RAUL
10867 SW 45TH CT
OCALA FL 34476

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 of individual or registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

2/20/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SEGOVIA, RAUL
STREET ADDRESS 10867 SW 45TH CT
CITY-STATE-ZIP Ocala FL 34476 ☐ Delete

TITLE P
NAME SEGOVIA, RAUL
STREET ADDRESS 6722 SW 53RD AVENUE
CITY-STATE-ZIP GAINESVILLE FL 32608 ☐ Delete

TITLE VP
NAME SEGOVIA, ANABELLE
STREET ADDRESS 6722 SW 53RD AVENUE
CITY-STATE-ZIP GAINESVILLE FL 32608 ☐ Delete

TITLE S
NAME SEGOVIA, ANABELLE
STREET ADDRESS 6722 SW 53RD AVENUE
CITY-STATE-ZIP GAINESVILLE FL 32608 ☐ Delete

TITLE T
NAME SEGOVIA, RAUL
STREET ADDRESS 6722 SW 53RD AVENUE
CITY-STATE-ZIP GAINESVILLE FL 32608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
000000643061
03/01/07-80070-012 150.00

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/20/07 (352)378-8600