


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000040086		
1. Entity Name AFFORDABLE AUTO SALES OF OCALA INC.		
Principal Place of Business 11930 W. BAYSHORE DR. CRYSTAL RIVER, FL 34429	Mailing Address 11930 W. BAYSHORE DR. CRYSTAL RIVER, FL 34429	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROMANIK, LARRY J 11930 W. BAYSHORE DR. CRYSTAL RIVER, FL 34429		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000396172 01/27/06-80020-025 150.00
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	ROMANIK, LARRY J	
STREET ADDRESS	11930 W. BAYSHORE DR.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	V	
NAME	ROMANIK, KATHY F	
STREET ADDRESS	11930 W. BAYSHORE DR.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	S	
NAME	ROMANIK, LARRY J	
STREET ADDRESS	11930 W. BAYSHORE DR.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	T	
NAME	ROMANIK, LARRY J	
STREET ADDRESS	11930 W. BAYSHORE DR.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>Larry Romanik</u> LARRY ROMANIK		1/20/06 352/422-6919 <small>Date Daytime Phone #</small>



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0835849 Applied For Not Applicable

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

DO NOT WRITE
IN THIS SPACE