

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90023 022 ***158.75

DOCUMENT # P04000058161

1. Entity Name

SPECTRE AUTO SALES, INC.



Principal Place of Business

**5565 SCHENCK AVE. SUITE #8
ROCKLEDGE FL 32955**

Mailing Address

**5565 SCHENCK AVE. SUITE #8
ROCKLEDGE FL 32955**

2. Principal Place of Business

5565 SCHENCK AVE
Suite, Apt. #, etc.
#8

3. Mailing Address

5565 SCHENCK AVE
Suite, Apt. #, etc.
#8 LA



1st MOORE

CR2E034 (10/04)

City & State

ROCKLEDGE, FL
Zip
32955
BREVARD
USA

City & State

ROCKLEDGE, FLA
Zip
32955
BREVARD
USA

4. FEI Number

36-4553473

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUTCHERINE, EDWARD J
135 OYSTER PLACE
ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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	PT	<input type="checkbox"/> Delete
NAME	BUTCHERINE, EDWARD J	
STREET ADDRESS	135 OYSTER PLACE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VS	<input type="checkbox"/> Delete
NAME	QUARLTRE BUTCHERINE, LORRAINE E	
STREET ADDRESS	126 OHIO AVENUE	
CITY-ST-ZIP	MEDFORD NY 11763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Edward J. Butcherine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-05

321-480-0026

Date

Daytime Phone #