

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000088210

Entity Name: CUZZ'S AUTOSALE'S, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5017 N LOIS AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

611-B S ALEXANDER ST  
PLANT CITY, FL 33563

**Current Mailing Address:**

5017 N LOIS AVE  
TAMPA, FL 33614

**New Mailing Address:**

1909 N MACDILL AVE  
TAMPA, FL 33607

FEI Number: 05-0603194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRAUSS, KASEY ANGELA  
5017 N LOIS AVE  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

KRAUSS, KASEY ANGELA  
611-B S ALEXANDER ST  
PLANT CITY, FL 33563 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/29/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: KRAUSS, KASEY ANGELA  
Address: 611-B S ALEXANDER ST  
City-St-Zip: PLANT CITY, FL 33563

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KASEY ANGELA KRAUSS

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date