2007 FOR PROFIT CORPORATION

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ANNUAL REPORT				Apr 04, 200 / 08:		
DOCUMENT # P04000133965					3	Secretary of Si
1. Entity Name PAST & PRESENT MOTORCARS, INC.						
6324 LITTLE	e of Business LAKE SAWYER DR. E, FL 34786	Mailing Address 6324 LITTLE LAKE SAWYER DR WINDERMERE, FL 34786		- - - -	11 1	Nead inda nika kikia ayak annean iyadek
		-				
	A NOT WOITE	^=	04012007	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPA			JE	4. FEI Number 56-2481		Applied For Not Applicable
					f Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Rec	istered Agent		I		· · · · · · · · · · · · · · · · · · ·
6324 LITT	STEPHEN A LE LAKE SAWYER DR. MERE, FL 34786		-	NOT WE		
'8, The above	named entity submits this statement for the	ourpose of changing its registers	ed office or registe	red agent, or both	in the State of Florin	da. Lam familiar with and accept
the obligat	ions of registered agent.	parpoon or origing no register.	on togicio	oo ago ii, or oo.	, 1.10 0.00.0 01 . 10.10	so. Tarriarina min, and doop,
SIGNATURE_	Signature, typed or printed name of registered agent and to	Note Registered	d Agent signature require	d when reinstating)		DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be ded to Fees		
10.	OFFICERS AND DIF	ECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAZINSK, STEPHEN A 6324 LITTLE LAKE SAWYER DR. WINDERMERE, FL 34786				ู้ นู้ออดีอื่อเ	690083 80063-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD LAZINSK, JUDITH A 6324 LITTLE LAKE SAWYER DR. WINDERMERE, FL 34786				04/11/07-1	80 063-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAZINSK, JACK L 10744 CRESCENT LN CLERMONT, FL 34711	,		DO	NOT WF	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAZINSK, RACHEL R 10744 CRESCENT LN CLERMONT, FL 34711	,		IN T	HIS SPA	ACE
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 true 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 address, with all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE;