

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90150 002 \*\*\*150.00

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<b>DOCUMENT # P04000159485</b> 1. Entity Name USED CAR 4 YOU, INC.					
Principal Place of Business 1806 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 US			Mailing Address 3411 N. HIGHWAY 19A MOUNT DORA, FL 32757 US		
2. Principal Place of Business 4910 W. COLONIAL DR.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State		4. FEI Number 20-1919522	
Zip 32808		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HINZ, SHERRILL D 3411 N. HIGHWAY 19A MOUNT DORA, FL 32757			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ONER, MURAT 8025 ANTIBES COURT ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EYISON, ENDER 14101 BARONESS CT. ORLANDO, FL 32808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EYISON, ENDER 1617 S. KIRKMAN ROAD, #1101 ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EYISON, ENDER 14101 BARONESS CT. ORLANDO, FL 32808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EYISON, ENDER 1617 S. KIRKMAN ROAD, #1101 ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EYISON, ENDER 14101 BARONESS CT. ORLANDO, FL 32808	
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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: <u>Murat Oner</u> MURAT ONER 4/27/05 352-385-1501					