APPROVED AND FILED
06 MAY 12 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000135285

1. Entity Name

FRAN'S PRE-OWNED AUTOS, INC.

Principal Place of Business	Mailing Address
3804 N. ORANGE BLOSSOM TRAIL E-17 ORLANDO FL 32804 US	3000 CLARCONA RD 827 APOPKA FL 32703 US

2. Principal Place of Business: 3804 N. Orange Blossom Tr.	3. Mailing Address: 3000 Clarcona Rd
Suite, Apt. #, etc.: E-17	Suite, Apt. #, etc.: 827
City & State: Orlando, FL	City & State: Apopka, FL
Zip: 32804 Country: Orange	Zip: 32703 Country: Orange

1st MOORE CR2E034 (10/05)

4. FEI Number — Applied For / [X] Not Applicable

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

6. Name and Address of Current Registered Agent

SCHNEIDER, FRANCES
3000 CLARCONA RD
827
APOPKA FL 32704

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, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Frances Schneider 3000 Clarcona Rd #827 Apopka, FL 32703 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition U00000489790 04/18/06-80027-015 150.00
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5/12

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Frances Schneider Frances Schneider 3/28/06 407-252-8459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #