

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90187 020 ***150.00

DOCUMENT # P06000127293

1. Entity Name
YOUR CHOICE AUTOS INC



Principal Place of Business
1941 SW BILTMORE ST
PORT ST LUCIE, FL 34984

Mailing Address
1941 SW BILTMORE ST
PORT ST LUCIE, FL 34984

40000000

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
1574 SW LEXINGTON DR



04162007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PORT ST LUCIE, FL.

4. FEI Number
20-5660023

Applied For
Not Applicable

Zip Country

Zip Country
34953 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANEVE, RONNIE A
1574 SW LEXINGTON DR
PORT ST LUCIE, FL 34953

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

RONNIE LANEVE

4-16-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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 P
NAME LANEVE, RONNIE A ☐ Delete
STREET ADDRESS 1574 SW LEXINGTON DR
CITY-ST-ZIP PORT ST LUCIE, FL 34953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RONNIE LANEVE

4-16-07

954-558-7572