

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90221 015 ***150.00

DOCUMENT # P07000039571

1. Entity Name

HWY 17 BUYERS CHOICE AUTO SALES, INC.



Principal Place of Business

5179 DUNCAN ROAD
PUNTA GORDA FL 33982

Mailing Address

5179 DUNCAN ROAD
PUNTA GORDA FL 33982

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-321-0085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COTTER, JAMES
10124 AMELIA AVENUE
ENGLEWOOD FL 33424

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, 2008 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 P ☐ Delete
NAME COTTER, JAMES R
STREET ADDRESS 10124 AMELIA AVENUE
CITY-ST-ZIP ENGLEWOOD FL 33424

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

TITLE VP ☒ Delete
NAME COONFER, NORMAN E JR.
STREET ADDRESS 485 GARDEN RD
CITY-ST-ZIP VENICE FL 34293

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

James Cotter JAMES COTTER

5-3-08

941-5757843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40106862

5.3.08

#PO7000039571

To Whom it may concern:

This letter is in response to info. on your "Help" phone message.

1.) Our filing Notice was not recieved until end of April -

2.) Mailed back for report form

3.) Report form just recieved, Sat. 5.3.08

Tennents on this property all share one US Mail delivery box. Any further Notices from your Dept. may be mailed Cert. Mail at the expense of this office.

Thank You,
J. C. C.