

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000013159 1. Entity Name ORANGE PARK AUTO SALES & SERVICE, INC.	
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Principal Place of Business 7233 BLANDING BLVD JACKSONVILLE, FL 32244 US	Mailing Address 7233 BLANDING BLVD JACKSONVILLE, FL 32244 US
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DO NOT WRITE IN THIS SPACE

04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3166540	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAFER, ELIOT J 10110 SAN JOSE BLVD JACKSONVILLE, FL 32257

**DO NOT WRITE
IN THIS SPACE**

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 (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARVISH, JOHN R 9020 LANHAM SEVERN RD LANHAM, MD 20706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCK, HOWARD 7233 BLANDING BLVD JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHORE, WILLIAM 7233 BLANDING BLVD JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOWARD, PATRICIA 7233 BLANDING BLVD JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/26/05-80059-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #