

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90023 033 ***150.00

DOCUMENT # P93000032161

1. Entity Name

GRAND 54 AUTO SALES, INC.



Principal Place of Business

1302 US HWY 19
HOLIDAY FL 34691
US

Mailing Address

1302 US HWY 19
HOLIDAY FL 34691
US

2. Principal Place of Business

1302 US Hwy 19

Suite, Apt. #, etc.

3. Mailing Address

1302 US Hwy 19

Suite, Apt. #, etc.

City & State

Holiday FL

City & State

Holiday, FL

Zip

Country

34691

Zip

Country

34691

4. FEI Number

59-3181053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUTCHINS, SCOTT A
1302 US HWY 19
HOLIDAY FL 34691

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, 2005 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HUTCHINS, SCOTT A	
STREET ADDRESS	1982 FISHERMENS BEND	
CITY-ST-ZIP	PALM HARBOR FL	

TITLE	VP	<input type="checkbox"/> Delete
NAME	HUTCHINS, PATRICIA A	
STREET ADDRESS	1982 FISHERMENS BEND	
CITY-ST-ZIP	PALM HARBOR FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hutchins, Scott A	
STREET ADDRESS	3285 Tarpon Woods Blvd.	
CITY-ST-ZIP	Palm Harbor, FL 34685	

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hutchins, Patricia	
STREET ADDRESS	3285 Tarpon Woods Blvd.	
CITY-ST-ZIP	Palm Harbor, FL 34685	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Patricia Hutchins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

Date

(727) 934-6778

Daytime Phone #