

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90032 008 \*\*\*150.00

**DOCUMENT # P94000001711**

1. Entity Name

ELITE MOTORS OF WINTER PARK, INC.



Principal Place of Business

1234 W FAIRBANKS AVE  
WINTER PARK FL 32789  
US

Mailing Address

1234 W FAIRBANKS AVE  
WINER PARK FL 32789

2. Principal Place of Business

1234 W FAIRBANKS AVE

Suite, Apt. #, etc.

W1

3. Mailing Address

1234 W FAIRBANKS AVE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

4. FEI Number

59-3217264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NASNAS, IMAD  
4405 SAILOR COURT  
ORLANDO FL 32812

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.

IMAD NASNAS

(NOTE: Registered Agent signature required when reinstating)

1-27-04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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 VP ☐ Delete  
NAME BITAR, FOUAD  
STREET ADDRESS 8309 FORT THOMAS WAY  
CITY-ST-ZIP ORLANDO FL 32822

TITLE P ☐ Delete  
NAME NASNAS, IMAD  
STREET ADDRESS 4405 SAILOR COURT  
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

FOUAD BITAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04

Date

407-740-6955

Daytime Phone #