

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90047 022 \*\*\*150.00

**DOCUMENT # P9400094368**

1. Entity Name  
**FOXCARS, INC.**



Principal Place of Business  
**1880-68 AVE N  
ST. PETERSBURG FL 33702  
US**

Mailing Address  
**1880-68 AVE N  
ST. PETERSBURG FL 33702  
US**

2. Principal Place of Business  
**6211 65th Place EAST  
Suite, Apt. #, etc.  
PALM HTO, FL.  
City & State**

3. Mailing Address  
**6211 65th Place EAST  
Suite, Apt. #, etc.  
PALM HTO, FL.  
City & State**



MOORE CR2E034 (11/03)

4. FEI Number **59-3243806** Applied For  
Not Applicable

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

Zip **34221** Country **MANATEE** Zip **34221** Country **MANATEE**

6. Name and Address of Current Registered Agent

**MCCABE, DONALD  
1880-68 AVE N  
ST PETERSBURG FL 33702.**

7. Name and Address of New Registered Agent

Name **JOSEPH P. TRINKAUS**  
Street Address (P.O. Box Number is Not Acceptable)  
**6211 65th Place EAST  
PALM HTO, FL. 34221**  
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 **Joseph P. Zies**  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

**2/18/04**  
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 NAME STREET ADDRESS CITY-ST-ZIP	D MCCABE, KAYE 1880-68 AVE N ST. PETERSBURG FL 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCABE, DONALD 1880-68 AVE N ST. PETERSBURG FL 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT Joseph P. TRINKAUS 6211 65th Place EAST PALM HTO, FL. 34221</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT Joseph P. TRINKAUS 6211 65th Place EAST PALM HTO, FL. 34221</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Joseph P. Zies** **Joseph P. TRINKAUS** **2/18/04** **941-721-6448**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #