

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90217 040 \*\*\*150.00

**DOCUMENT # P94000083242**

1. Entity Name  
**NATION AUTOMOBILE PROTECTION, INC.**



Principal Place of Business  
**515 N. FLAGLER DRIVE  
SUITE 808  
WEST PALM BEACH, FL 33401**

Mailing Address  
**515 N. FLAGLER DRIVE  
SUITE 808  
WEST PALM BEACH, FL 33401**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0540536

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FHS CORPORATE SERVICES INC  
11780 US HWY ONE  
SUITE 300  
NORTH PALM BEACH, FL 33408**

*(NOTE-Moved)  
(Address change)  
only*

Name

*FHS Corp. Services, Inc*

Street Address (P.O. Box Number is Not Acceptable)

*660 U.S. Highway One, 3rd Fl.*

City

*North Palm Beach*

FL

Zip Code

*33408*

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, 2006 Fee will be \$550.00**

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**DPS  
CUILLO, ROBERT S  
515 N. FLAGLER DRIVE, STE. 808  
WEST PALM BEACH, FL 33401** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
HOTARY, MICHAEL  
515 N. FLAGLER DRIVE STE. 808  
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Michael Hotary* **Michael Hotary Treasurer** 4-27-06 (561) 478-4990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #