

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0540536

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

FHS CORP SERVICES INC  
660 US HWY ONE 3RD FL  
NORTH PALM BEACH, FL 33408

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  
DPS  
CUILLO, ROBERT S  
515 N. FLAGLER DRIVE, STE. 808  
WEST PALM BEACH, FL 33401

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
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CITY - ST - ZIP

U00000740598  
05/14/07-80073-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07

Date

(561) 478-4990

Daytime Phone #