

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P9500000274

1. Entity Name

Capital City Radiator, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Capital City Radiator Inc.

3. Mailing Address

1711 S. Monroe ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL.

Zip

Country

Zip

Country

32301

Leon

32301

Leon

4. FEI Number

59-3285317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E034B (8/05)

7. Name and Address of Current Registered Agent

Name

Allene Faircloth

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

5036 Tillie LN

City

Tallahassee FL

FL

Zip Code

32305

**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

Allene Faircloth

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

May 25<sup>th</sup> - 07

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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

Secretary  
DeRenda Carter  
9748 Heron ST.  
Tall. FL. 32305

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

200103902822

06/05/07--01027--008 \*\*150.00

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Vice President  
Hubert Faircloth JR.  
1711 S. Monroe ST  
Crawfordville

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered

SIGNATURE:

DeRenda Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/07 850 224-0239

Date

Daytime Phone #

**FILED**  
**07 JUN -1 AM 10:24**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**