

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**DOCUMENT # P95000026176**

1. Entity Name  
**FASTLANE MOTORS, INC.**



Principal Place of Business  
**2228 OKEECHOBEE RD.  
FORT PIERCE, FL 34950**

Mailing Address  
**2228 OKEECHOBEE RD.  
FORT PIERCE, FL 34950**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

**COLON, CONFESSOR C  
1102 S. 10TH ST.  
FT. PIERCE, FL 34950**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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 **P**  Delete  
NAME **COLON, CONFESSOR C**  
STREET ADDRESS **1102 S. 10TH STREET**  
CITY-ST-ZIP **FT. PIERCE, FL 34950**

TITLE **2000080147002**  Change  Addition  
NAME **09/25/06--01045--021** **\*\*550.00**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S**  Delete  
NAME **BURLING, THERESA**  
STREET ADDRESS **1102 S. 10TH STREET**  
CITY-ST-ZIP **FT. PIERCE, FL 34950**

TITLE **200008085797**  Change  Addition  
NAME **10/10/06--01060--015** **\*\*200.00**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  Delete  
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 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: *Calypso e. eck***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-6-6 772-467-9700**  
Date **10/4/06** Daytime Phone #