

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000032856

1. Entity Name

FOURNIER AUTOMOTIVE INC.



Principal Place of Business

845 N MILLS AVE
ORLANDO, FL 32803

Mailing Address

845 N MILLS AVE
ORLANDO, FL 32803



08072006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-331172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOURNIER, ROBERT A SR.
845 N MILLS AVE
ORLANDO, FL 32803

**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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME FOURNIER, ROBERT A SR.
STREET ADDRESS 845 N MILLS AVE
CITY-ST-ZIP ORLANDO, FL 32803

TITLE V
NAME FOURNIER, ELAINE E
STREET ADDRESS 845 N MILLS AVE
CITY-ST-ZIP ORLANDO, FL 32803

TITLE S
NAME FOURNIER, ROBERT A JR
STREET ADDRESS 845 N MILLS AVE
CITY-ST-ZIP ORLANDO, FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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09/13/06-80003-013 150.00

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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: *Robert A Fournier Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/06
Date

Daytime Phone #