

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90054 015 \*\*\*150.00

**DOCUMENT # P95000090552**

1. Entity Name

CARS OF CENTRAL FLORIDA INC.



Principal Place of Business

140 W. CARROLL ST  
KISSIMMEE FL 34741

Mailing Address

140 W. CARROLL ST  
KISSIMMEE FL 34741

2. Principal Place of Business

23 TROTTERS CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

23 TROTTERS CIRCLE

Suite, Apt. #, etc.

City & State

KISSIMMEE FL.

Zip

34743

Country

OSCEOLA

City & State

KISSIMMEE FL.

Zip

34743

Country

OSCEOLA

4. FEI Number

59-3349156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MYLEMANS, MAURICE E  
140 W. CARROLL ST  
KISSIMMEE FL 34741

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

*Maurice E. Mylemans* MAURICE E. MYLEMANS Pres

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, 2004 Fee will be \$550.00**

**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 P ☐ Delete  
NAME MYLEMANS, MAURICE E  
STREET ADDRESS 23 TROTTERS CIRCLE  
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE V ☐ Delete  
NAME MYLEMANS, DOROTHY  
STREET ADDRESS 23 TROTTERS CIRCLE  
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dorothy Mylemans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-04 407-944-9400

Date

Daytime Phone #