

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094199

Entity Name: CAPITAL EUROCARS, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

3963 WEST TENNESSEE STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

6001 34TH STREET N
ST PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 59-3356834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, JAMES R MR.
6001 34TH STREET NORTH
ST. PETERSBURG, FL 33714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HAWKINS, DWAYNE
Address: 6001 34TH ST. N
City-St-Zip: ST. PETERSBURG, FL 33714

Title: VP () Delete
Name: MYERS, JIM
Address: 6001 34TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33714

Title: S () Delete
Name: SCHMIDT, THOMAS
Address: 6001 34TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33714

Title: VP () Delete
Name: ATKINS, CRAWFORD
Address: 3963 WEST TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DWAYNE HAWKINS

DP

04/24/2009

Electronic Signature of Signing Officer or Director

Date