

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000054500

1. Entity Name  
ROBERT RAJEWSKI AUTO SALES, INC.



Principal Place of Business  
6190 54 AVE NO.  
KENNETH CITY, FL 33709 US

Mailing Address  
6190 54 AVE NO.  
KENNETH CITY, FL 33709 US

FILED

06 JAN 27 AM 11:37

SECRET  
TALLAHASSEE, FLORIDA



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3384556

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RAJEWSKI, ROBERT  
6190 54 AVE NO.  
KENNETH CITY, FL 33709

**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  
After May 1, 2006 Fee will be \$550.00**

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  
P  
RAJEWSKI, ROBERT  
6190 54 AVE NO.  
KENNETH CITY, FL 33709

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(seen)  
Pd 10  
16394

200067029612  
03/03/06--01037--022 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

1-10-2006 5442056