

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90039 025 ***150.00

DOCUMENT # P96000055194 1. Entity Name FLORIDA INTERMOTORS, INC.			
Principal Place of Business 6120 POWERS AVE. UNIT 6 JACKSONVILLE, FL 32217 US		Mailing Address P.O. BOX 57397 JACKSONVILLE, FL 32241 US	
2. Principal Place of Business - No P.O. Box # 9180 BOGGY CREEK RD.		3. Mailing Address 9180 BOGGY CREEK RD.	
Suite, Apt. #, etc. 5		Suite, Apt. #, etc. 5	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32824		Zip 32824	
Country ORANGE		Country ORANGE	
4. FEI Number 59-3386312		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DYKHNE, FELIX 10478 WISCANE AVE ORLANDO, FL 32836		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYKHNE, FELIX 10478 WISCANE AVE ORLANDO, FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Felix Dykhne / FELIX DYKHNE			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 02-21-08 Daytime Phone # 904-9108085	