2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000062618

1. Entity Name

LAPUMA AUTO SALES, INC.

Principal Place of Business	Mailing Address
30 N FLORIDA AVE INVERNESS FL 34453	P.O. BOX 94 HOLDER FL 34445

2. Principal Place of Business		3. Mailing Address	
30 N, Florida Ave		P.O. Box 94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Inverness F		Holder, Fl	
City & State		City & State	
Zip 34453	Country Citrus	Zip 34445	Country Citrus

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0689204 — Applied For / Not Applicable

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

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

LAPUMA, JUDY
7530 N. NATURE TRAIL
HERNANDO FL 34442

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 acc... the obligations of registered agent.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Add
NAME	LAPUMA, JOHN R		NAME	U00000444058
STREET ADDRESS	7530 N. NATURE TRAIL		STREET ADDRESS	03/06/06-80037-004 150.00
CITY-ST-ZIP	HERNANDO FL 34442		CITY-ST-ZIP	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Add
NAME	LAPUMA, JUDY		NAME	
STREET ADDRESS	7530 N. NATURE TRAIL		STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL 34442		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Judy La Puma 2-17-06 352-726-957