

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2005 08:00 AM  
Secretary of State

DOCUMENT # P96000075493

1. Entity Name  
MOTOR CITY OF CAPE CORAL, INC.



Principal Place of Business  
924 DEL PRADO BOULEVARD  
CAPE CORAL, FL 33990

Mailing Address  
924 DEL PRADO BOULEVARD  
CAPE CORAL, FL 33990



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0693372

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MANSSON, LARS  
3613 DEL PRADO BOULEVARD  
CAPE CORAL, FL 33904

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, 2005 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  
PS  
MANSSON, LARS  
3613 DEL PRADO BOULEVARD  
CAPE CORAL, FL 33904

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
MANSSON, ANDERS  
3613 DEL PRADO BOULEVARD  
CAPE CORAL, FL 33904

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
MANSSON, MARIE  
3613 DEL PRADO BLVD  
CAPE CORAL, FL 33904

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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

4-27-05

Date

239-225-8181

Daytime Phone #