

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000002050

Entity Name  
STOLIKER AUTO BROKERS, INC.



Principal Place of Business  
1501 FRUIT COVE WOODS DR  
JACKSONVILLE, FL 32259 US

Mailing Address  
445-26 ST. RD 13  
#402  
JACKSONVILLE, FL 32259 US



01182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-3421410  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

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

STOLIKER, ROBERT  
1501 FRUIT COVE WOODS DR  
JACKSONVILLE, FL 32259

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IN THIS SPACE**

I, 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

U00000397188  
01/30/06-80040-011 150.00

**OFFICERS AND DIRECTORS**

|    |   |
|----|---|
| P  | STOLIKER, ROBERT<br>1501 FRUIT COVE WOODS DR.<br>JACKSONVILLE, FL 32259   |
| VP | STOLIKER, PATRICIA<br>1501 FRUIT COVE WOODS DR.<br>JACKSONVILLE, FL 32259 |
|    |   |
|    |   |
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IN THIS SPACE**

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: Patricia Stoliker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-06 904-287-7799  
Date Secretary's Phone #