

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90050 049 ***150.00

DOCUMENT # P97000042720

1. Entity Name

CENTRAL AUTO, INC.



Principal Place of Business

1015 N CENTRAL AVENUE
KISSIMMEE FL 34741
US

Mailing Address

1015 N CENTRAL AVENUE
KISSIMMEE FL 34741
US

CK
5250

94013116



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3445690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKS, JR ROBERT
1015 N CENTRAL AVENUE
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

WILLIAM T. EHRHART

Street Address (P.O. Box Number is Not Acceptable)

1015 N. CENTRAL AVE

City

KISSIMMEE

FL

Zip Code

34741

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 William T. Ehrhart WILLIAM T. EHRHART V P

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-10-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME EHRHART, WILLIAM T
STREET ADDRESS 1001 N. CENTRAL AVE
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE D ☒ Delete
NAME PARKS, JR ROBERT
STREET ADDRESS 543 LEAR ST
CITY-ST-ZIP ORLANDO FL 32809

TITLE TS ☐ Delete
NAME ROTHFELD, ROBERT F
STREET ADDRESS 1001 N. CENTRAL AVE
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

William T. Ehrhart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-04

Date

407-847-7207

Daytime Phone #