

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000050516**

1. Entity Name  
AUTOMOTION OF CITRUS COUNTY, INC.



Principal Place of Business

8945 S. FLORIDA AVE.  
FLORAL CITY, FL 34436 US

Mailing Address

4115 E. STAGECOACH TRAIL  
INVERNESS, FL 34452 US



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3451461

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

AHEARN, LINDA  
4115 E. STAGECOACH TRAIL  
INVERNESS, FL 34452

**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

U00000248955  
03/02/05-80052-001 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME AHEARN, LINDA  
STREET ADDRESS 4115 E. STAGECOACH TRAIL  
CITY-ST-ZIP INVERNESS, FL 34452

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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:

*Linda Ahearn* LINDA AHEARN 2-20-05 341-1881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #