

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90081 006 ***150.00

DOCUMENT # P97000060464

1. Entity Name

CENTRAL MOTION CARS, INC.



Principal Place of Business

6325 NORTH ORANGE BLOSSOM TRAIL
SUITE 118
ORLANDO FL 32810

Mailing Address

6325 NORTH ORANGE BLOSSOM TRAIL
SUITE 118
ORLANDO FL 32810

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

11043 LEDGEMENT LN.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

City & State

WINDERMERE, FL

4. FEI Number

59-3461389

Applied For

Not Applicable

Zip

Country

Zip

Country

34786

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLON, RICHARD JR
5676 BRECKENRIDGE DRIVE
ORLANDO FL 32818

Name

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

11043 LEDGEMENT LN.

WINDERMERE

City

FL

Zip Code

34786

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, 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	PS	<input type="checkbox"/> Delete
NAME	COLON, RICHARD JR.	
STREET ADDRESS	5676 BRECKENRIDGE CIR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLON, DORIS	
STREET ADDRESS	5676 BRECKENRIDGE CIR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11043 LEDGEMENT LN	
STREET ADDRESS	WINDERMERE FL 34786	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11043 LEDGEMENT LN	
STREET ADDRESS	WINDERMERE FL 34786	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard Colon, Jr., Pres.

1/26/04

407-296-4041