

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000076528

1. Entity Name
CHEQUERED FLAG AUTO SALES, INC.



Principal Place of Business
**1001 E LINCOLN AVE
MELBOURNE, FL 32901**

Mailing Address
**1001 E LINCOLN AVE
MELBOURNE, FL 32901**



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3463984

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ENZER, DANIEL E
1001 E. LINCOLN AVENUE
MELBOURNE, FL 32901**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P, D
NAME	ENZER, DANIEL E
STREET ADDRESS	3166 BEACHWINDS COURT
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	VP
NAME	ENZER, DANIEL E
STREET ADDRESS	3166 BEACHWINDS COURT
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	S, T
NAME	ENZER, DANIEL E
STREET ADDRESS	3166 BEACHWINDS CT
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/07-80074-015 158.75

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IN THIS SPACE**

12. 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: *Daniel E Enzer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07 *(321) 951-4005*
Date Daytime Phone #