

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90035 025 ***150.00

DOCUMENT # P98000009449

1. Entity Name

AVON PARK C.S. MOTORS, INC.



Principal Place of Business

1201 WEST CHURCH STREET
AVON PARK FL 33825

Mailing Address

1201 WEST CHURCH STREET
AVON PARK FL 33825



2. Principal Place of Business - No P.O. Box #

1201 Locke St

3. Mailing Address

1201 Locke St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

AVON PARK FL

City & State

AVON PARK FL

4. FEI Number

59-3491587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUCHS, LAWRENCE M
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 state if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 PD ST
NAME HART, MERLIN
STREET ADDRESS 5119 GRANADA BLVD.
CITY-ST-ZIP SEBRING FL 33872
M. Hart ☐ Delete
1745 Orangewood Lane
Avon Park, FL 33825

TITLE ST
NAME HART, MARIAN
STREET ADDRESS 5119 GRANADA BLVD.
CITY-ST-ZIP SEBRING FL 33872
☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empoweres.

SIGNATURE:

Merlin Hart Merlin HART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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2-25-08