

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 19, 2007 08:00 AM  
Secretary of State

DOCUMENT # P98000040454

1. Entity Name  
CAR OPTIONS, INC.



Principal Place of Business  
2140 ANDREA LANE  
FT. MYERS, FL 33912

Mailing Address  
2140 ANDREA LANE  
FT. MYERS, FL 33912



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0842662

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PIMPIGNANO, ALBERT  
2140 ANDREA LANE  
FT. MYERS, FL 33912

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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	DP
NAME	PIMPIGNANO, ALBERT
STREET ADDRESS	2140 ANDREA LANE
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	STD
NAME	VALENTE, BIAGIO
STREET ADDRESS	2140 ANDREA LANE
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/07-80056-008 150.00

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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:

*Albert C. Pimpignano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-07 239 481 5444  
Date Daytime Phone