

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000040956

1. Entity Name
SUN CITY AUTOMOTIVE SERVICE CENTER, INC.



Principal Place of Business
**5119 S.R. 674
WIMAUMA, FL 33598 US**

Mailing Address
**5119 S.R. 674
WIMAUMA, FL 33598 US**



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3512833

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRONSON, JR., ROBERT G
5119 S.R. 674
WIMAUMA, FL 33598**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000822701
02/20/08-80005-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRONSON, ROBERT G JR.
STREET ADDRESS	5006 RUTH MORRIS RD.
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	TD
NAME	BRONSON, RUTH
STREET ADDRESS	5025 BISHOP RD.
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	SD
NAME	BRONSON, LORI J
STREET ADDRESS	5006 RUTH MORRIS RD.
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/08 813-634-4758