


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000057324 1. Entity Name CENTRAL CITY MOTORS, INC.	
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Principal Place of Business 953 MERCY DRIVE ORLANDO, FL 32808	Mailing Address 953 MERCY DRIVE ORLANDO, FL 32808
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3518306	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PETERS, ANTHONY H
953 MERCY DRIVE
ORLANDO, FL 32808

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
NAME	PETERS, ANTHONY
STREET ADDRESS	569 BELHAVEN FALLS DRIVE
CITY-ST-ZIP	OCOE, FL 34761

TITLE	VPDS
NAME	PETERS, ROMA
STREET ADDRESS	569 BELHAVEN FALLS DRIVE
CITY-ST-ZIP	OCOE, FL 34761

TITLE	D
NAME	PETERS, AMANDA
STREET ADDRESS	569 BELHAVEN FALLS DRIVE
CITY-ST-ZIP	OCOE, FL 34761

TITLE	D
NAME	RAMDIAL, PEARL
STREET ADDRESS	569 BELHAVEN FALLS DRIVE
CITY-ST-ZIP	OCOE, FL 34761

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 #

Roma Peters ROMA PETERS 01-19-04 407-290-1458