

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000057324

1. Entity Name  
CENTRAL CITY MOTORS, INC.



Principal Place of Business  
953 MERCY DRIVE  
ORLANDO, FL 32808

Mailing Address  
953 MERCY DRIVE  
ORLANDO, FL 32808



**DO NOT WRITE IN THIS SPACE**

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3518306

Applied For  
Not Applicable

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

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
PETERS, ANTHONY  
569 BELHAVEN FALLS DRIVE  
OCOE, FL 34761

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U000000594030  
01/22/07-80057-002 150.00

**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 #

1-9-07