

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90042 044 \*\*\*150.00

DOCUMENT # P99000024807

1. Entity Name

BARGAIN AUTO SALES OF LAKE LAND, INC.



Principal Place of Business

204 WEST MEMORIAL BOULEVARD  
LAKE LAND FL 33815

Mailing Address

204 WEST MEMORIAL BOULEVARD  
LAKE LAND FL 33815



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3565350

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOWLIN, DENYCE  
204 WEST MEMORIAL BOULEVARD  
LAKE LAND FL 33815

7. Name and Address of New Registered Agent

Name

LOIS HALL

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

2318 CORDOVA CIR. N.

City

LAKE LAND

FL

Zip Code

33801

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

*Lois Hall*

LOIS HALL

04/04/2008

(Signature, typed or printed name of registered agent and date of application)

(NOTE: Registered Agent signature required when 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	D/P	<input type="checkbox"/> Delete
NAME	OVERSTREET, PAUL N III	
STREET ADDRESS	204 WEST MEMORIAL BOULEVARD	
CITY-ST-ZIP	LAKE LAND FL 33815	
TITLE	BOWLIN, DENYCE	<input checked="" type="checkbox"/> Delete
NAME	204 W. MEMORIAL BLVD.	
STREET ADDRESS	LAKE LAND FL 33815	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AGENT - SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOIS HALL	
STREET ADDRESS	2318 CORDOVA CIR. N.	
CITY-ST-ZIP	LAKE LAND, FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 persons empowered.

SIGNATURE

*Paul N Overstreet III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/04/2008 863-686-2265