

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90041 035 ***150.00

DOCUMENT # P99000036235

1. Entity Name
LUXURY CARS SALES & LEASING, INC.



Principal Place of Business
**1234 W. FAIRBANKS AVE
WINTER PARK, FL 32789**

Mailing Address
**4625 E. LAKE DRIVE
WINTER SPRINGS, FL 32708**

40011300



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

711 SHADOWMOSS CIRCLE

City & State

City & State

LAKE MARY FLORIDA

Zip

Country

Zip

Country

32746

USA

02052007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3570784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREENE, KATHLEEN
4625 E. LAKE DR.
WINTER SPRINGS, FL 32708**

7. Name and Address of New Registered Agent

Name **GREENE, KATHLEEN**

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

711 SHADOWMOSS CIRCLE

LAKE MARY FL 32746

City

FL

Zip Code

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

Kathleen Greene

KATHLEEN GREENE

VSTD

2-5-07

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
**PD
VEIGLE, CHARLES H JR.
1042 SHADOWMOSS CIRCLE
LAKE MARY, FL 32746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
GREENE, KATHLEEN
4625 E LAKE DR.
WINTER SPRINGS, FL 32708** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
GREENE, KATHLEEN
711 SHADOWMOSS CIRCLE
LAKE MARY FL 32746** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Change ☐ Addition

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CITY-ST-ZIP
- ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
- ☐ Change ☐ Addition

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:

Kathleen Greene

KATHLEEN GREENE

2-5-07

407-844-0905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #