

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90076 030 ***150.00

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1. Entity Name

CLARENCE HANSFORD MOBIL AUTO, INC.



Principal Place of Business

7009 78TH STREET N
PINELLAS PARK FL 33781

Mailing Address

7009 78TH STREET N
PINELLAS PARK FL 33781

2. Principal Place of Business

7009-78th Street NO.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)



City & State

PINELLAS PARK FLA.

City & State

4. FEI Number

59-3579556

Applied For

Not Applicable

Zip

33781

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANSFORD, CLARENCE
7009 78TH STREET N
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

CLARENCE HANSFORD

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

7009-78th St. NO.

City

PINELLAS PARK

FL

Zip Code

33781

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 CLARENCE HANSFORD

Signature, typed or printed name of registered agent and title if applicable.

CLARENCE HANSFORD

(NOTE: Registered Agent signature required when reinstating)

2/7/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 ☐ Delete
NAME HANSFORD, CLARENCE
STREET ADDRESS 7009-78TH ST NO
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: CLARENCE HANSFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06 (727) 541-7305

Date

Daytime Phone #