

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000057096**  
1. Entity Name  
**MR. C'S USED CARS, INC.**



Principal Place of Business      Mailing Address  
**4655 SPRUCE CREEK RD UNIT J**      **PO BOX 291741**  
**PORT ORANGE, FL 32129**      **PORT ORANGE, FL 32129**



04162005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3584741**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COPELLO, BEVERLY**  
**1421 ROYAL GROVE LANE**  
**PORT ORANGE, FL 32129**

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing            **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COPELLO, BEVERLY</b> <b>1421 ROYAL GROVE LANE</b> <b>PORT ORANGE, FL 32129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000357301  
05/04/05-80069-011 150.00

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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 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, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly Copello      4/27/05      386-767-0645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #