

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000057096

1. Entity Name
MR. C'S USED CARS, INC.



Principal Place of Business
4655 SPRUCE CREEK RD UNIT J
PORT ORANGE, FL 32129

Mailing Address
PO BOX 291741
PORT ORANGE, FL 32129

FILED
Apr 30, 2007 08:00 A
Secretary of State



01192007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3584741

Applied For
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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 COPELLO, BEVERLY 1421 ROYAL GROVE LANE PORT ORANGE, FL 32129
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05/15/07-80060-008 150.00

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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: Beverly A. Copello Beverly A. Copello 4/25/07 386-212-7281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #