

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000059194

1. Entity Name
AMERICAN PRESTIGE AUTOS, INC.



Principal Place of Business
**1701 HWY 92 W
AUBURNDALE, FL 33823**

Mailing Address
**1701 HWY 92 W
AUBURNDALE, FL 33823**



02192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0044658

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$3.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OVINK, B J
1705 W SLIGH AVE
TAMPA, FL 33604**

**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 _____
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 **S**
NAME **OVINK, B. JOHN**
STREET ADDRESS **1705 W SLIGH AVE**
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE **PT**
NAME **HARVEY, RAYMOND F**
STREET ADDRESS **1701 HWY 92 W**
CITY-ST-ZIP **AUBURNDALE, FL 33823**

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U00000646209
03/06/07-80021-011 150.00

**DO NOT WRITE
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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

863-967-6658

Daytime Phone #