

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 17, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P99000080102**

1. Entity Name  
**ANTIQUE AUTO EMPORIUM, INC.**



Principal Place of Business  
**2115-B RANGE RD  
CLEARWATER, FL 33765**

Mailing Address  
**2115-B RANGE RD  
CLEARWATER, FL 33765**



04112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3597686</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LECHNER, BERNARD J  
2115 RANGE RD  
CLEARWATER, FL 33765**

**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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PIPER, WALTER J
STREET ADDRESS	1168 TOOKES RD
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

TITLE	VP
NAME	PIPER, SCOTT L
STREET ADDRESS	2115 RANGE RD
CITY-ST-ZIP	CLEARWATER, FL 33765

TITLE	S
NAME	PIPER, SCOTT L
STREET ADDRESS	2115 RANGE RD
CITY-ST-ZIP	CLEARWATER, FL 33765

TITLE	T
NAME	PIPER, WALTER J
STREET ADDRESS	1168 TOOKES RD
CITY-ST-ZIP	CLEARWATER, FL 33764

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/29/06-80099-021 150.00

**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 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:** **Walter J. Piper** **4-11-06** **(727) 447-0323**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #