

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90188 034 ***150.00

DOCUMENT # S19027

1. Entity Name

CLOUSER AUTOMOTIVE INC.



Principal Place of Business
1815 AURORA ROAD
MELBOURNE FL 32935
US

Mailing Address
1040 HAZLEWOOD DRIVE
MELBOURNE FL 32935
US



2. Principal Place of Business - No P.O. Box #

Same

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Same

City & State

Same

Zip

Same

Country

Same

Zip

Same

Country

Same

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3043258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLOUSER, RICHARD J.
1040 HAZELWOOD DRIVE
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Rich Clouser

VICE PRES

3-26-07

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PDT
CLOUSER, RICHARD J.
1040 HAZELWOOD DRIVE
MELBOURNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
CLOUSER, RICK J.
4315 SAND POINT RD
GRANT FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
CLOUSER, RICHARD J.
1040 HAZELWOOD DRIVE
MELBOURNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY - ST - ZIP ☐ Change ☐ Addition

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:

Rich Clouser

VICE PRES

3-26-07

321-259-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #