

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # S30644					
1. Entity Name SPACE COAST AUTO CENTER, INC.					
Principal Place of Business 3115 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953			Mailing Address 3115 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3055737	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRY, LARRY GEORGE 3115 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953				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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	FRY, LARRY GEORGE		NAME		
STREET ADDRESS	3115 N. COURTENAY PKWY		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Add
NAME	BENNETT, S.		NAME		
STREET ADDRESS	46415 S. FRIDAY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Add
NAME	WILLIAMS, JO		NAME		
STREET ADDRESS	340 CREOLE DR.		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Add
NAME	ZERRIEN, MELINDA		NAME		
STREET ADDRESS	6485 ADDIE AVE		STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32927		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Melinda R Zerrien* **MELINDA R ZERRIEN** 2-13-06 (632)453-501