

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
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



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3055737

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRY, LARRY GEORGE
3115 N. COURTENAY PARKWAY
MERRITT ISLAND, FL 32953

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRY, LARRY GEORGE
STREET ADDRESS	3115 N. COURTENAY PKWY
CITY-ST-ZIP	MERRITT ISLAND, FL
TITLE	VP
NAME	BENNETT, S.
STREET ADDRESS	4780 DATE PALM
CITY-ST-ZIP	COCOA, FL 32927
TITLE	T
NAME	WILLIAMS, JO
STREET ADDRESS	340 CREOLE DR.
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	S
NAME	ZERRIEN, MELINDA
STREET ADDRESS	4785 PAPAYA ST
CITY-ST-ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000730562
01/23/08-80039-016 150.00

**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: *Melinda Zerrien* **MELINDA R. ZERRIEN** 1-17-08 (321) 452-5060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #