

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90069 010 ***158.75

DOCUMENT # S69863

1. Entity Name
**CASH REGISTER AUTO INSURANCE OF COLLIER
COUNTY, INC.**



Principal Place of Business

**2248 AIRPORT RD S
NAPLES, FL 34112**

Mailing Address

**1535 NORTH MAITLAND AVENUE
MAITLAND, FL 32751**

90015501

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

3. Mailing Address

745 Orienta Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1251

02092007

Chg-P

CR2E034 (12/06)

City & State

City & State

Altamonte Springs, FL

4. FEI Number

65-0277281

Applied For

Not Applicable

Zip

Country

Zip

32701

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGISTER, LLOYD
1535 N MAITLAND AVE.
MAITLAND, FL 32751**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
REGISTER, LLOYD
507 E. FORESTWOOD CT.
MAITLAND, FL**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
PACE, ERICK
1535 N MAITLAND AVE
MAITLAND, FL**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
Erin Bertuzzi
745 Orienta Ave., Suite 1251
Altamonte Springs, FL 32701**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
REGISTER, LLOYD E IV
1535 N. MAITLAND AVENUE
MAITLAND, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**745 Orienta Ave., Suite 1251
Altamonte Springs, FL 32701**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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: **Erin Bertuzzi** **Erin Bertuzzi** **2/12/07** **407/260-2220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #