

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # V45866

1. Entity Name

T & G AUTO SALES, INC.



Principal Place of Business

1133 N. WOODLAND BLVD.
DELAND, FL 32724

Mailing Address

1133 N. WOODLAND BLVD.
DELAND, FL 32724



01232006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3130478

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLLE, ANTHONY
1915 CALLE ALTO VISTA
DELAND, FL 32724

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000402813
02/03/06-80023-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MOLLE, ANTHONY 1915 CALLE ALTO VISTA DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HATHAWAY, GARY 1133 N. WOODLAND BLVD. DELAND, FL 32724
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **Anthony Molle, PP** 1-23406 386-738-0921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #