## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 19, 2004 08:00 AM Secretary of State DOCUMENT # 653936 1. Entity Name DYNAMIC MOTOR CAR CENTER, INC. Principal Place of Business Mailing Address 5411 PALMER BLVD. 5411 PALMER BLVD. SARASOTA FL 34232-2731 SARASOTA FL 34232-2731 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-2315825 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PUGH, WILLIAM H., JR. 680 MYAKKA ROAD Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34240 City 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 agont and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition PUGH, WILLIAM H., JR. NAME NAME U00000057549 02/19/04-80066-004 150.00 STREET ADDRESS 680 MUAKKA ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ST Delete TITLE TITLE ☐ Change ☐ Addition PUGH, PEGGY JEAN NAME NAME STREET ADDRESS 680 MYAKKA ROAD STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP TIT! F Delete TITLE ☐ Change ☐ Addition NAME NAME PUGH, WILLIAM JR. STREET ADDRESS STREET ADDRESS 680 MYAKKA ROAD CITY-SI-ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition PUGH, PEGGY JEAN NAME NAME 680 MYAKKA ROAD STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY - ST-ZIP THE ☐ Delete TiTL F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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