

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 833304

1. Entity Name
SELLS-FLOTO, INC.



Principal Place of Business
**8607 WESTWOOD CENTER DR.
VIENNA, VA 22182**

Mailing Address
**8607 WESTWOOD CENTER DR.
VIENNA, VA 22182**

DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
52-0996636

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES STEET
SUITE 105
TALLAHASSEE, FL 32301**

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CEOD
FELD, KENNETH
9609 HALTER COURT
POTOMAC, MD**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VTCF
RUCH, MICHAEL
1342 27TH ST, NW
WASHINGTON, DC 20007**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VSD
SOWALSKY, JEROME S.
8613 CHATEAU DR.
POTOMAC, MD**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**AT
DAVIS, DUANE D. J
11651 STONEVIEW SQUARE, #2B
RESTON, VA 20191**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000156370
05/05/04-80075-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

DUANE D. DAVIS, JR.
DUANE D. DAVIS, JR.
Asst. Treasurer

04-27-04 703-448-4000
Date Daytime Phone #