2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H15869

FILED Mar 10, 2004 Secretary of State

Entity Name: SCHELLER'S FOREIGN CAR GARAGE, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O PAUL S. SCHELLER, SR. C/O PAUL S. SCHELLER, SR. 1324 INDUSTRIAL BLVD 1324 INDUSTRIAL BLVD NAPLES, FL 33942 NAPLES, FL 34104 New Mailing Address: **Current Mailing Address:** C/O PAUL S. SCHELLER, SR. C/O PAUL S. SCHELLER, SR. 1324 INDUSTRIAL BLVD 1324 INDUSTRIAL BLVD NAPLES, FL 33942 NAPLES, FL 34104 FEI Number: 59-2472123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SCHELLER, ARMIN SCHELLER, ARMIN 1324 INDUSTRIAL BLVD 1324 INDUSTRIAL BLVD NAPLES, FL 33942 NAPLES, FL 34104 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. SIGNATURE: ARMIN SCHELLER 03/10/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SCHELLER, HAROLD Name: Name: 1324 INDUSTRIAL BLVD. Address: Address: City-St-Zip: NAPLES, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: SCHELLER, PAUL Name: 1324 INDUSTRAIL BLVD. Address: Address: NAPLES, FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SCHELLER, ARMIN Name: Name: 1324 INDUSTRIAL BLVD. Address: Address: City-St-Zip: NAPLES, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMIN SCHELLER P 03/10/2004