


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State


DOCUMENT # P00000022583
 1. Entity Name
 GEAR BON AUTO SALES, INC.



Principal Place of Business
 1815A SNUG HARBOR PL
 SARASOTA, FL 34234

Mailing Address
 7192 HAWKINS RD.
 SARASOTA, FL 34241

DO NOT WRITE IN THIS SPACE



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0986991

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

ANTHONY, GARY
 7192 HAWKINS RD.
 SARASOTA, FL 34241

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U000000058069
 02/20/04-80015-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST ANTHONY, BONNIE A 7192 HAWKINS RD SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPAS ANTHONY, GARY E 7192 HAWKINS RD SARASOTA, FL 34241
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Gary E. Anthony Gary E. Anthony 2-12-04 922-3798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #