


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000044643
 1. Entity Name
 YOCHUM AUTOMOTIVE ENTERPRISES, INC.



Principal Place of Business
 2640B MICHIGAN AVE.
 KISSIMMEE, FL 34744

Mailing Address
 P.O. BOX 451376
 KISSIMMEE, FL 34745-1376



01282004 No Chg-P CR2E034 (10/03)

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4. FEI Number
 59-3654492

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

YOCHUM, TAMMY
 2640-B NORTH MICHIGAN AVE.
 KISSIMMEE, FL 34744

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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 Tammy Yochum DATE 1/28/04
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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YOCHUM, KIRK
STREET ADDRESS	2640 B MICHIGAN AVE
CITY - ST - ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	YOCHUM, TAMMY
STREET ADDRESS	2640 B MICHIGAN AVE
CITY - ST - ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 02/02/04-80075-016 150.00

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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: Tammy Yochum DATE 1/28/04 DAYTIME PHONE # 407-846-3673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR