


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90018 044 ***150.00

DOCUMENT # P01000076810			
1. Entity Name A-1 BODY & USED CARS, INC.			
Principal Place of Business 704 S. 8TH STREET FERNANDINA BEACH FL 32034 US		Mailing Address 704 S. 8TH STREET FERNANDINA BEACH FL 32034 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-1131870		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent MORRIS, CARL W 5012 ANTHONY STREET FERNANDINA BEACH FL 32034		7. Name and Address of New Registered Agent Name: MORRIS, CARL W. Street Address (P.O. Box Number is Not Acceptable): 85080 DICK KING RD. City: YULEE FL Zip Code: 32097	
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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: *Carl W. Morris* CARL W. MORRIS DATE: 3-1-04
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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSD <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: NAME	TITLE: NAME
STREET ADDRESS: MORRIS, CARL W	STREET ADDRESS: 704 SOUTH 8TH STREET	STREET ADDRESS: 704 SOUTH 8TH STREET	STREET ADDRESS:
CITY-ST-ZIP: FERNANDINA BEACH FL 32034	CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: NAME	TITLE: NAME
STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: NAME	TITLE: NAME
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CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: NAME	TITLE: NAME
STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: NAME	TITLE: NAME
STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:	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: *Carl W. Morris* CARL W. MORRIS DATE: 3-1-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR