


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-16-2004 90066 002 ***150.00

DOCUMENT # P03000068645
 1. Entity Name
A-1 AUTOMOTIVE CENTER, INC.



Principal Place of Business
 15125 CLASSIQUE LANE
 #3
 TAVARES, FL 32778 US

Mailing Address
 15125 CLASSIQUE LANE
 #3
 TAVARES, FL 32778 US

00411040



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03052004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
20-0082757

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
BETTER BOOKS & TAXES, INC.
8431 ORANGE BLOSSOM ROAD
HOWEY-IN-THE-HILLS, FL 34737

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 except 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 renaming)

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	<input type="checkbox"/> Delete
P	TOWNS, CONNIE	15125 CLASSIQUE LANE #3	TAVARES, FL 32778	<input type="checkbox"/>
T	TOWNS, CONNIE	15125 CLASSIQUE LANE #3	TAVARES, FL 32778	<input type="checkbox"/>
S	TOWNS, CONNIE	15125 CLASSIQUE LANE #3	TAVARES, FL 32778	<input type="checkbox"/>
D	TOWNS, CONNIE	15125 CLASSIQUE LANE	TAVARES, FL 32778	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Connie Towns 4-13-04 (352) 343-2110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Design Phone #