


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90067 046 ***150.00

DOCUMENT # P03000076014			
1. Entity Name B & I AUTO SALES, INC.			
Principal Place of Business 8400 S. HWY 17-92 FERN PARK FL 32730		Mailing Address 8400 S. HWY 17-92 FERN PARK FL 32730	
2. Principal Place of Business 106 THUNDERBIRD WAY FERN PARK FL		3. Mailing Address 106 THUNDERBIRD WAY FERN PARK FL	
City & State 32730 U.S.		City & State 32730 U.S.	
Zip	Country	Zip	Country
4. FEI Number 41-2102235		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent SPAFFORD, NORMAN E 8400 S. HWY 17-92 FERN PARK FL 32730		7. Name and Address of New Registered Agent Name NORMAN E. SPAFFORD Street Address (P.O. Box Number is Not Acceptable) 106 THUNDERBIRD WAY FERN PARK FL Zip Code 32730	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPAFFORD, NORMAN E			NAME			
STREET ADDRESS	8400 S. HWY 17-92			STREET ADDRESS	106 THUNDERBIRD WAY		
CITY-ST-ZIP	FERN PARK FL 32730			CITY-ST-ZIP	FERN PARK FL 32730		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPAFFORD, NORMAN E			NAME			
STREET ADDRESS	8400 S. HWY 17-92			STREET ADDRESS	106 THUNDERBIRD WAY		
CITY-ST-ZIP	FERN PARK FL 32730			CITY-ST-ZIP	FERN PARK FL 32730		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, SUMTER B III			NAME			
STREET ADDRESS	8400 S. HWY 17-92			STREET ADDRESS	106 THUNDERBIRD WAY		
CITY-ST-ZIP	FERN PARK FL 32730			CITY-ST-ZIP	FERN PARK FL 32730		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPAFFORD, NORMAN E			NAME			
STREET ADDRESS	8400 S. HWY 17-92			STREET ADDRESS	106 THUNDERBIRD WAY		
CITY-ST-ZIP	FERN PARK FL 32730			CITY-ST-ZIP	FERN PARK FL 32730		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANAWALT, BRUCE C			NAME			
STREET ADDRESS	8400 S. HWY 17-92			STREET ADDRESS	106 THUNDERBIRD WAY		
CITY-ST-ZIP	FERN PARK FL 32730			CITY-ST-ZIP	FERN PARK FL 32730		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
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:  **N. SPAFFORD PRESIDENT** Date: **2/18/04** Daytime Phone #: **407-509-9368**

Attachment

P03000076014

44013905

Note: County has
changed addresses
but the location is
the same!