2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State
03-03-2004 90020 028 ***150.00

DOCUMENT # P03000078210

1. Entity Name
FLORIDA AUTOMOBILE COMPANY

Principal Place of Business	Mailing Address
17633 D GUNN HIGHWAY UNIT 165 ODESSA, FL 33556	17633 D GUNN HIGHWAY UNIT 165 ODESSA, FL 33556

01152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1212 E Hillsborough Ave.	17633 Gunn Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. 165
City & State: Tampa, FL	City & State: Odessa, FL
Zip: 33604 Country: USA	Zip: 33556 Country: USA

4. FEI Number 65-1197346 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: Louis Mendel
Street Address (P.O. Box Number is Not Acceptable): 17633 Gunn Hwy #165
City: Odessa FL Zip Code: 33556

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: Louis Mendel 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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MENDEL, LOUIS J III 17633 D GUNN HIGHWAY #165 ODESSA, FL 33556	☐ Delete	PSTD Mendel, Louis J III 17633 Gunn Hwy #165 Odessa, FL 33556	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Louis Mendel 3/1/04 813 695-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #